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COOPERATIVE RURAL HEALTH WORK OF THE PUBLIC HEALTH SERVICE IN THE FISCAL YEAR 1926[1]

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In the fiscal year ended June 30, 1926, the United States Public Health Service cooperated in demonstration projects in rural health work in 89 counties, or districts comparable to counties, in 20 States, as follows:

Alabama.—Colbert, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Talladega, and Walker Counties.

Arkansas.—Jefferson and Pulaski Counties.

California.—San Diego and Santa Barbara Counties, and San Joaquin district.

Georgia.—Baker, Decatur, Floyd, Glynn, Grady, Laurens, Miller, and Walker Counties.

Illinois.—Crawford County.

Iowa.—Dubuque County.

Kansas.—Jefferson, Lyon, McPherson, and Ottawa Counties.

Kentucky.—Mason County.

Louisiana.—La Fourche and Washington Parishes.

Massachusetts.—Cape Cod district.

Mississippi.—Harrison, Hinds, and Washington Counties.

Missouri.—Dunklin, Gentry, Greene, Holt, Jackson, Marion, New Madrid, Nodaway, Pemiscot, Pettis, Polk, St. Francois, and St. Louis Counties.

Montana.—Cascade and Lewis and Clark Counties.

New Mexico.—Bernalillo, Chaves, Dona Ana, Eddy, McKinley, Santa Fe, Union, and Valencia Counties.

North Carolina.—Edgecombe County.

Oklahoma.—Oklahoma, Okmulgee, and Ottawa Counties.

South Carolina.—Georgetown County.

Tennessee.—Gibson, Hamilton, Morgan, Obion, Rhea, and Weakley Counties.

Virginia.—Carroll, Charlotte, Chesterfield, Greensville, Henry, Nansemond, Prince Edward, Pulaski, Roanoke, Smyth, Washington, and Wise Counties.

[1] This report applies to work in rural sanitation which is conducted in support of and as a part of whole-time local official health service. It does not include all cooperative activities of the Public Health Service in rural communities.

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West Virginia.—Gilmer, Hancock, Harrison, Logan, Marion, Marshall, Preston, and Roane Counties.

The results were thoroughly in line with the conclusions in the reports on this activity for the fiscal years 1920,[2] 1921,[3] 1922,[4] 1923,[5] 1924,[6] and 1925.[7]

Plan of Work

The plan of the work was the same as that carried out in the six preceding fiscal years and is described in previous reports. (Reprints Nos. 615, 699, 887, 964, and 1047.)

The authorization for this work is in the act of February 15, 1893 (ch. 114, 27 Stat. L. 449); the act of August 14, 1912 (ch. 288, 37 Stat. L. 309); and in the annual appropriation acts. The appropriation is specifically for "special studies of and demonstration work in rural sanitation."

The work is conducted in cooperation with State and local health authorities. It is made a part of a well-rounded comprehensive program of local health service. Experience has taught that under such arrangement the work can be carried out more economically and with better and more lasting results than if conducted as a separate specialized activity.

Through such connection as this with county health service projects, the Public Health Service can perform most economically and efficiently toward meeting its responsibility in helping prevent the spread of human infection in interstate traffic. The cooperative projects also furnish most favorable opportunities for studies, by the Public Health Service, "of the diseases of man and conditions influencing the propagation and spread thereof." Thus, this rural sanitation activity serves a number of important general purposes besides those specified in the appropriating act and, though very limited as yet in extent, it does contribute to that essential part of the work of the Federal Government to promote the general welfare.

The demonstration work in rural sanitation can not, under the provisions of the appropriating act, be conducted in a community unless the State, county, or municipality in which the community is located, agrees to pay at least one-half the expenses of such demonstration work. The funds provided by the State, county, and municipalities, together, for support of the average demonstration project far exceed the allotment from the Federal fund, and in almost all instances the appropriation from the local official sources (county, township, or town) covers considerably more than 50 per cent of the budget.

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[2] Reprint No. 615, from Public Health Reports of Oct. 1, 1920, p. 15.
[3] Reprint No. 699, from Public Health Reports of Oct. 7, 1921, p. 17.
[4] Reprint No. 788, from Public Health Reports of Sept. 29, 1922, p. 22.
[5] Reprint No. 887, from Public Health Reports of Dec. 14, 1923, p. 24.
[6] Reprint No. 964, from Public Health Reports of Oct. 17, 1924, p. 23.
[7] Reprint No. 1047, from Public Health Reports of Oct. 23, 1925, p. 33.

The county, as a rule, is the unit for the work. Under the cooperative arrangements, a good program of health work can be carried out in practically any rural county in the United States at a cost to the county readily within its means. The average cooperative demonstration project is conducted on a cost basis of less than 50 cents per capita of population served and furnishes a striking example of efficiency with economy in public service. By having all salient branches of health work for the community conducted under the direction of one head, the whole-time county health officer, who is given a status of field agent in the United States Public Health Service, and in some of the States that of deputy State health officer, a maximum of service can be rendered with a minimum of overhead expense, lost motion, and friction. Through good business management, every dollar invested in the enterprise can be made to yield a remarkable dividend in the protection and promotion of human health, and in a money saving to the community amounting to many times the cost of the service.

This plan of cooperative rural health work has been evolved in the course of field experience and has been tested under a wide range of local conditions. It seems applicable to all the rural districts of the United States. The provision of means for a reasonably rapid extension of this work would, according to all the evidence, prove highly advantageous from every standpoint—individual, community, State, and national.

Appropriation

The appropriation for the rural sanitation work of the Public Health Service in the fiscal year 1926 was $75,000. Against the amount appropriated was set up a budget saving of $2,000. The unexpended balance from the operations of the preceding fiscal year was $10,055.55.[8] Thus, $83,055.55 was available.

Rural health work is applicable to communities in the United States comprising over 60 per cent (or over 70,000,000) of our total population. Such communities include strictly country homes, incorporated towns and villages (with populations under 2,500), and, as the county is the logical political unit for official rural health-work administration, many towns and cities with populations from 2,500 to 50,000.

Under modern conditions of transportation and travel, rural and urban health conditions react upon each other. Therefore rural health work is of importance to our entire urban population. The sanitary quality of the tremendous volume of raw foods now shipped

[8] This balance was due not to an excessive amount of money being available but to temporary suspensions of the work and consequent decreased expenditure in some of the projects to which allotments had been made for the whole fiscal year 1925. Such suspensions are necessitated by various local circumstances and can not be anticipated when the contracts are made. With the existing differences between the Federal fiscal year and the fiscal years of some of the States and localities in which the work is conducted, it would not be practicable, without lessening the degree of economy striven for, to arrange contracts so that the allotment of Federal funds to every project would be expended exactly by the end of the Federal fiscal year

daily through interstate traffic is of keen importance, for both humane and business reasons, to our public and our private interests and should be enhanced and safeguarded by reasonably adequate, coordinated, joint activities of governmental agencies—local, State, and Federal. To undertake sanitary control of traffic and travel by inspection and quarantine at our city borders and on our interstate lines now would be futile and ridiculous. The efficient local health department, in doing its local work, performs duty of state-wide and nation-wide importance with which the State and the Federal health services are concerned. Therefore it seems, from a sanitary standpoint, reasonable and proper for State and Federal agencies to encourage and help in the development and permanent maintenance of such departments.

Less than 16 per cent of our rural population is as yet provided with local health service approaching adequacy under the direction of whole-time, local (county or district) health officers.[9] Because of lack of efficient, whole-time rural health service, infections of man are conveyed very frequently across interstate lines.

In our rural communities there are about 1,000,000 persons incapacitated all the time by illness, much of which is preventable; about 70 per cent of the school children are handicapped by physical defects, most of which are preventable or remediable; about 30 per cent of persons of military age are incapacitated for arduous productive labor or for general military duty, largely from preventable causes; and over 60 per cent of the men and women between 40 and 60 years of age are in serious need of physical reparation, largely as a result of preventable causes. In view of these conditions, there is no room for reasonable doubt about the need for more and better rural health service in this country.

The results of efficient health service are in life saving, disease prevention, health promotion, and economic saving. The saving in dollars and cents amounts to many times over the cost of the service. Most of our rural county governments are not disposed to establish reasonably adequate county health service without an offer of financial assistance and competent counsel from some outside agency.

The amount appropriated for cooperative rural sanitation work in the average fiscal year of the last four years has been less than one forty-thousandth of the total congressional appropriation and less than 1 per cent of the sum appropriated for all the activities of the United States Public Health Service.

Expenditures

The expenditures in the fiscal year 1926 totaled $82,545.64. Of this sum $78,063.37 was expended in allotments for direct support of cooperative projects in counties or districts, and $4,482.27 was

[9] Reprint No. 1079 from Public Health Reports of May 7, 1926.

expended for general administration, supervision of local projects, and special studies of the problem of rural sanitation.

With the increasing general interest in whole-time, rural health service, the demands upon the Public Health Service for cooperation far exceeded the money ($83,055.55) available for allotment. In view of the overwhelming number of insistent and yet thoroughly reasonable requests from State and local authorities for cooperation, extreme care had to be exercised to prevent an overcommitment of the funds. The balance remaining at the end of the fiscal year was $509.91.[10]

For the support of the work in the 89 local projects the expenditures from all sources totaled $856,962.38. Of this sum $78,063.37 was allotted from the rural sanitation funds of the Public Health Service; an aggregate of $702,160.48 was derived from State, county, and municipal governmental sources; and $76,738.53 was derived from other sources, including local health associations, tuberculosis associations, local Red Cross chapters, the International Health Board, and the Children's Bureau of the United States Department of Labor. Thus, this investment of the Federal funds appropriated for rural sanitation work was met with odds of almost 10 to 1.

It is both significant and encouraging that organizations entering the public-health field to promote or conduct some specialized activity—such as typhoid fever prevention, hookworm control, tuberculosis prevention, trachoma control, malaria control, venereal-disease prevention, or advancement of child and maternity hygiene—realize, after practical experience, the advantage of dovetailing their specific activities in with and making them a part of a well-rounded, comprehensive program of local official health service under the immediate direction of a qualified, whole-time local health officer. Such arrangement is obviously in the interest of efficiency with economy in public health-work in our rural districts.

Compiled Data

The expenditures from the different sources for support of the cooperative demonstration projects, the scope, the principal activities, and some of the results of the work are presented in the accompanying tabular statement.

In attempting to measure the efficiency of health service, consideration is to be given to the local conditions—climatic, topographical, geographical, social, economic, and other—under which the work is done, the duration, nature, and scope of the activities, the cost of the service, and the results achieved. The 89 cooperative projects

[10] This balance will be reduced considerably by payment of bills yet to be received for freightage and telegraphing within the fiscal year.

listed in this tabular statement present a very wide range of local conditions. From equivalent, well-directed efforts much larger results are obtainable in one project than in another. Considering the cost of the service, the activities and results reported, and the findings from direct surveys of the situations by representatives of the Public Health Service and the State boards of health concerned, it is apparent that in the fiscal year 1926 some of the projects were highly successful, others were not up to reasonable expectations, and the average was good. In rural health work, as in other business, the personal equation of the director of the unit is the main factor making for success or failure.

A careful, analytical, and comparative study of the data in the table should be of interest to anyone competent to make such a study, and should be of especial interest to existing and prospective whole-time county (or local district) health officers.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926

Counties (or districts)	Baker, Ga.	Bernalillo, N. Mex.	Cape Cod Health District, Mass.	Cascade, Mont.	Chaves, N. Mex.	Colbert, Ala.	Crawford, Ill.	Decatur, Ga.	Dona Ana, N. Mex.	Dubuque, Iowa	Dunklin, Mo.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1925	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Dec. 31, 1925	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
A. EXPENDITURES											
1. Rural sanitation fund (P. H. S.)	$1,000.00	$300.00	$2,499.96	$1,800.00	$300.00	$600.00	$1,200.00	$922.50	$299.94	$300.00	$600.00
2. State	1,000.00				250.00	4,836.69	300.00	1,000.00			1,875.00
3. County	1,939.12	11,120.66		8,428.26	7,207.67	5,332.49	2,074.38	5,652.18	7,443.82	4,589.88	4,195.63
4. Municipalities			5,403.11	8,428.36		3,676.52				10,877.42	
5. Other agencies				1,650.00	818.07				650.00	1,940.00	900.00
Total	3,939.12	11,420.66	7,903.07	20,306.72	8,575.74	14,445.70	3,574.38	7,574.68	8,393.76	17,707.30	7,570.63
B. ACTIVITIES											
1. Educational:											
(a) Lectures	9	23	48	28	6	69	5	25	115	65	110
(b) Attendance	1,050	1,027	1,892	2,660	175	3,708	372	1,531	1,894	5,804	4,317
(c) Bulletins distributed	1,020	487	30	19,780	3,994	3,288	1,265	1,254	1,326	10,505	10,561
(d) Newspaper articles	24	341	40	22	19	38	40	31	34	33	179
(e) Circular letters	1	863	10	3,237		2,362	368	194	437	1,487	2,692
(f) Health exhibits	4			5			3	11	1		1
2. Sanitary inspections:											
(a) Private premises	1,043	2,408	172	959	4,602	1,686	34	320	846	785	144
(b) Public premises—schools, churches, stores, camps, etc.	280	8,761	525	665	548	263	71	74	989	820	105
3. Special inspections:											
(a) Dairies		202	836	77	91	147	12		164	193	
(b) Other food-producing or food-handling places	81	626	54	286	111	6,385	10			642	
4. Examinations:											
(a) For life extension advice						127	4				83
(b) For marriage licenses						2					
(c) For work certificates (children)			29				7				
(d) For lunacy				1	1	5			13		13
(e) Of prisoners		3				21			36		67
(f) Of food handlers	1	1,081			68	50	1				
5. Acute communicable disease control:											
(a) Visits to cases, carriers, contacts, or suspects	32	6,615	343	3,828	4,929	415	60	94	1,320	316	313
(b) Cases or carriers quarantined	3	1,577	361	2,904	847	200	45	89	643	104	59

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Baker, Ga.	Bernalillo, N. Mex.	Cape Cod Health District, Mass.	Cascade, Mont.	Chaves, N. Mex.	Colbert, Ala.	Crawford, Ill.	Decatur, Ga.	Dona Ana, N. Mex.	Dubuque, Iowa	Dunklin, Mo.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1925	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Dec. 31, 1925	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
B. ACTIVITIES—continued											
6. Venereal-disease control:											
(a) Suspects examined	3	22	3	35	28	119	3	19	1	156	56
(b) Prophylactic treatments			1			5					
(c) Curative treatments	14	227	2	274		112	161	21		899	31
7. Tuberculosis control:											
(a) Number examined			39	101	2	35	15	5	2	51	36
(b) Positive			9	48	2	31	3	2	2	8	9
(c) Negative			30	53		4	12	3		43	27
(d) Placed in institutions				21							2
(e) Home visits			308	286	4	210	90		28	62	84
8. Persons treated for removal of hookworm	199							446			
9. Persons treated for prevention or cure of goiter				(1)						169	6
10. Schick tests				823							
11. Cows tuberculin tested		1,205	681		1,353	779			2,346	2,026	
12. Immunization:											
(a) Complete antityphoid inoculations	458	145	14	19	33	971	239	424	374	2	36
(b) Antismallpox vaccinations	589	2,276	498	1,022	2,444	292	3	1,988	473	3	207
(c) Complete diphtheria toxin-antitoxin inoculations	838	201	46	2,652	3			686	13	222	44
(d) Persons treated with antitoxin for immediate protection against diphtheria	13	57	45	2	21	2		5	25	72	1
13. Child hygiene:											
(a) Prenatal—											
(1) Cases given advice			50		18	71		1	172	65	37
(2) Examinations						14				55	13
(3) Office consultations			24	1		5					
(4) Group conferences			12			34				5	
(5) Home visits			114	5	20	81			176	380	
(6) Midwives instructed	11	37				27		27	50		
(b) Infant and preschool—											
(1) Babies and children examined	56	1	224	438	36	384	194	82	59	239	1,597
(2) Office consultations, mothers	3	3	54	80	46	6	3	60	5	13	158
(3) Group conferences with mothers	4		17	12		107	3	11			29
(4) Home visits	5	3	767	163	89	315	7	108	3,057	2,158	104

(c) School—											
(1) Children examined	617	2	2,476	6,161	1,645	2,134	1,835	3,870	98	7,075	6,198
(2) Found defective	340	2	1,299	5,193	728	913	697	1,641	44	5,143	4,406
(3) Defects found	451	3	1,469	9,792	938	1,136	859	2,188	48	7,829	6,967
(4) Consultations, parents (office and school)	2,874	3	110	143	410	12	9	1,984	80	301	300
(5) Home visits	1,727		2,148	324	265	157	16	803	4	860	397
(6) Talks to classes or drills in hygiene	119	17	156	64	156		61	216	46	97	90
(7) Exclusions for communicable disease		1,658	313	2,013	668	28	26	39	158	40	97
(d) Nutritional classes—(1) Cases attending										1,016	
14. Antimalaria work	(1)	(1)	(2)	(2)	(2)	(2)	(3)	(2)	(4)	(2)	(2)
15. Laboratory examinations:											
(a) Positive	141	353	68	405	458	138	48	488	103	352	40
(b) Negative	164	3,749	129	2,272	1,442	363	106	794	428	3,052	130
Total	305	4,102	197	2,677	1,900	501	154	1,282	531	3,404	170
C. RESULTS											
1. Sanitary privies installed:											
(a) Septic or L. R. S										5	
(b) Water-tight vault											
(c) Bucket and box									2		
(d) Pit	78	99			49	317		377	154	5	84
Total	78	99			49	317		377	156	10	84
2. Privies restored to sanitary type	1	34	4	114	217	8	19	17	607	51	
3. Septic tanks installed	3	7	111	2	19	11		16	16	17	
4. New sewer connections	6	288	2	132	46	51		42	33	362	
5. New water connections	2	272	200	56	55			4	145	399	
6. Wells or springs improved	46	12		10	10		15	6	21	12	
7. Public milk supplies radically improved		11	1	1	14		8		39	25	
8. Treatments induced for correction of physical defects:											
(a) In infants			50		5	2	2	4	55		
(b) In preschool children			81	5	2	8		1	47	324	75
(c) In school children	21	2	401	1,950	65	252	70	252	23	1,805	1,145
(d) In adults			49		6	4			19		87
9. Nutritional cases improved			6	10	2	96	1	1	1,295	1,016	
10. Convictions for violation of sanitary laws		9	1		5	3				4	2
11. Nuisances corrected	6	2,123	77		1,673	563	8	6	856	609	34

[1] 68 per cent of school children and families using iodized salt. [2] Considerable. [3] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Eddy, N. Mex.	Edgecombe, N. C.	Floyd, Ga.	Franklin, Ala.	Gentry, Mo.	Georgetown, S. C.	Gibson, Tenn.	Gilmer, W. Va.	Glynn, Ga.	Grady, Ga.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Oct. 31, 1925	July 1, 1925, to Aug. 31, 1925	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Feb. 1, 1926, to June 30, 1926
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$260.25	$999.93	$300.00	$300.00	$200.00	$300.00	$300.00	$324.99	$300.00	$391.66
State	375.00	2,907.54		2,550.00	680.00	545.25	3,513.17	3,973.49		416.67
County	5,656.17	7,044.88	6,979.21	3,428.43	1,106.90	250.00	5,692.21	3,973.63	12,702.59	771.67
Municipalities			2,250.00							
Other agencies	642.03			1,680.00	280.00		3,513.17			
Total	6,933.45	10,952.35	9,529.21	7,958.43	2,266.90	1,095.25	12,018.55	8,272.11	13,002.59	1,580.00
B. ACTIVITIES										
1. Educational:										
(a) Lectures	53	35		128	40	1	123	129	39	12
(b) Attendance	2,528	2,713		9,061	948	36	8,746	6,012	1,299	1,150
(c) Bulletins distributed	2,539	1,145	9,116	7,754	2,222	6,790	1,035	6,108	4,463	850
(d) Newspaper articles	311	26	33	17	10	14	49	47	26	14
(e) Circular letters	304	1,514		4,393	167	75	260	6,376	791	
(f) Health exhibits	35	31	1		3	2	2	3	1	1
2. Sanitary inspections:										
(a) Private premises	210	1,237	313	1,729	15	48	187	18	29,050	15
(b) Public premises—schools, churches, stores, camps, etc	115	546	200	369	47	4	42	10	205	12
3. Special inspections:										
(a) Dairies	34	37	12		2		14		498	
(b) Other food-producing or food-handling places	143	1,418		249	2	10	225	17	1,045	
4. Examinations:										
(a) For life-extension advice		165		18	14	13	29	239	12	
(b) For marriage licenses		130		26		1				
(c) For work certificates (children)		56	275						54	
(d) For lunacy	1	19		5			8	3		
(e) Of prisoners	5	211		15				41	5	
(f) Of food handlers	255	21		3		8		5	280	
5. Acute communicable disease control:										
(a) Visits to cases, carriers, contacts, or suspects	189	299	926	120	43	25	955	127	652	9
(b) Cases or carriers quarantined	204	300	286	101	29	1	378	118	112	6

6. Venereal disease control:										
(a) Suspects examined	1	248	47	74		5	62	16	525	1
(b) Prophylactic treatments		54								
(c) Curative treatments		389	190	53			384	1,152	401	
7. Tuberculosis control:										
(a) Number examined	3	216	10	53	3	13	25	97	103	
(b) Positive	3	125	3	36	2	4	10	15	8	
(c) Negative		91	7	17	1	9	15	82	95	
(d) Placed in institutions	2	74				1	3	2	3	
(e) Home visits	14	991	579	81		23	150	11	180	
8. Persons treated for removal of hookworm		5		52					95	584
9. Persons treated for prevention or cure of goiter				3	5		1	1,231		
10. Schick tests										
11. Cows tuberculin tested				3			141		560	
12. Immunization:										
(a) Complete antityphoid inoculations	64	715	2,997	2,425	18		4,881	1,851	2,518	226
(b) Antismallpox vaccinations	200	941	4,216	43			3,071	3	1,831	34
(c) Complete diphtheria toxin-antitoxin inoculations		9	32	234			462	362	71	84
(d) Persons treated with antitoxin for immediate protection against diphtheria		70	6	8			2	3	64	
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	50	498	81	160	45	3	17	16	220	
(2) Examinations	21	3				1	13	2	1	16
(3) Office consultations	16	20		3		2		10	20	
(4) Group conferences	38	150								
(5) Home visits	58	502	555	170	4	3	52	6	217	
(6) Midwives instructed	62	161		4		40			43	
(b) Infant and preschool—										
(1) Babies and children examined	973	128		471	121	40	167	51	60	24
(2) Office consultations, mothers	113	15	70	52	86	15	15	46	18	2
(3) Group conferences with mothers	18	58		56	9	15				5
(4) Home visits	365	654	392	1,048	27	20	187	47	242	
(c) School—										
(1) Children examined	2,584	1,454	4,579	3,648	529	82	2,480	280	1,393	473
(2) Found defective	2,112	782	1,375	1,962	285	72	1,694	239	709	349
(3) Defects found	4,266	1,150	1,590	2,362	511	91	2,775	671	986	368
(4) Consultations, parents (office and school)	57	13	107	190	108	26	3	34	174	1,176
(5) Home visits	80	5	416	497	158	105	72	15	1,321	11
(6) Talks to classes or drills in hygiene	78	20		42	26		7	14	5	41
(7) Exclusions for communicable disease	69	13	50	12	54		67	20	192	
(d) Nutritional classes—cases attending									71	
14. Antimalaria work	(3)	(3)	(4)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
15. Laboratory examinations:										
(a) Positive	40	171	36	66	15	6	60	81	261	355
(b) Negative	70	317	123	161	13	142	357	87	894	152
Total	110	488	159	227	28	148	417	168	1,155	507

[3] Considerable. [4] None. [5] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Eddy, N. Mex.	Edgecombe, N. C.	Floyd, Ga.	Franklin, Ala.	Gentry, Mo.	Georgetown, S. C.	Gibson, Tenn.	Gilmer, W. Va.	Glynn, Ga.	Grady, Ga.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Oct. 31, 1925	July 1, 1925, to Aug. 31, 1925	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Feb. 1, 1926, to June 30, 1926
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S.									29	
(b) Water-tight vault										
(c) Bucket and box										
(d) Pit		100	165	44	23	8	296	1		1
Total		100	165	44	23	8	296	1	29	1
2. Privies restored to sanitary type		58	177	6	17	10	8		211	
3. Septic tanks installed			20	7			2		66	1
4. New sewer connections		15	207	55	5	7	254			
5. New water connections		3	232	109	10	10	99			
6. Wells or springs improved	5	8		1	12	13	9			1
7. Public milk supplies radically improved	32								22	
8. Treatments induced for correction of physical defects:										
(a) In infants				13	5	8			16	
(b) In preschool children	7	2		56	4	18		6	36	2
(c) In school children	1,796	14	605	619	116	78	125	85	135	7
(d) In adults	6			7		7	3	67	2	
9. Nutritional cases improved	5			324	25	10	3		93	
10. Convictions for violation of sanitary laws				3						
11. Nuisances corrected	15	11	154	930	12	3	2		66	2

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Greene, Mo.	Hamilton, Tenn.	Hancock, W. Va.	Harrison, W. Va.	Harrison, Miss.	Hinds, Miss.	Holt, Mo.	Jackson, Ala.	Jackson, Mo.	Jefferson, Ark.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	Jan. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Mar. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 16, 1925, to June 30, 1926
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$158.30	$954.43	$1,737.46	$1,000.00	$2,100.00	$600.00	$400.00	$1,249.99	$600.00	$1,437.50
State	2,312.50	355.50	2,277.28		1,021.97	2,422.56	200.00	1,177.57	3,243.31	500.00
County	4,500.00	4,087.41	2,877.36	11,559.51	14,001.33	9,334.27	1,163.84	4,538.14	7,518.86	2,276.73
Municipalities	6,820.00				2,412.25	10,041.50				2,420.00
Other agencies	2,430.00	355.50	1,162.46	1,072.77		2,572.56	600.00	1,086.66	35.00	4,040.00
Total	16,220.80	5,752.84	8,054.56	13,632.28	19,535.55	24,970.89	2,363.84	8,052.36	11,397.17	10,674.23
B. ACTIVITIES										
1. Educational:										
(a) Lectures	52	217	86	523	82	138	30	62	253	57
(b) Attendance	3,014	12,148	2,070	13,198	3,957	10,424	649	3,417	39,957	4,138
(c) Bulletins distributed	3,215	1,993	4,054	35,923	2,942	5,073	42	4,866	67,195	2,976
(d) Newspaper articles	100	61	63		340	159	2	38	236	43
(e) Circular letters	2,634	330	1,814	365	962	7,486		56	25,081	2,386
(f) Health exhibits	22	3	3	1		3		2	5	24
2. Sanitary inspections:										
(a) Private premises	25	1,163	47	1,000	11,315	6,610		2,428	222	612
(b) Public premises—schools, churches, stores, camps, etc.	74	56	60	195	2,854	104	18	109	300	28
3. Special inspections:										
(a) Dairies	142	20	47	53	63	482		20	15	336
(b) Other food producing or food handling places		50		52	216	6,719		209	9	1,322
4. Examinations:										
(a) For life extension advice	30	142			215	72		7	49	63
(b) For marriage licenses										
(c) For work certificates (children)	1	147	5	1	2					6
(d) For lunacy	32	12	16	7			2			39
(e) Of prisoners	22	13	107	300			9			30
(f) Of food handlers					281				4	
5. Acute communicable disease control:										
(a) Visits to cases, carriers, contacts, or suspects	2,358	195	755	551	330	192	21	160	2,405	766
(b) Cases or carriers quarantined	335	83	201	496	445	89	15	115	872	80
6. Venereal disease control:										
(a) Suspects examined	209	42	11	108	29	33		2	3	163
(b) Prophylactic treatments			4							
(c) Curative treatments	1,849	101	141	280	161					182

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Greene, Mo.	Hamilton, Tenn.	Hancock, W. Va.	Harrison, W. Va.	Harrison, Miss.	Hinds, Miss.	Holt, Mo.	Jackson, Ala.	Jackson, Mo.	Jefferson, Ark.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	Jan. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Mar. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 16, 1925, to June 30, 1926
B. ACTIVITIES—continued										
7. Tuberculosis control:										
(a) Number examined	161	457	82	136	32	50	1	12	38	66
(b) Positive	76	47	23	20	18	24		12	33	23
(c) Negative	85	410	59	116	14	26	1		5	43
(d) Placed in institutions	33	17	6	6	5	2			1	5
(e) Home visits	232	243	77	263	49	102	2	68	29	305
8. Persons treated for removal of hookworm					157	17				
9. Persons treated for prevention or cure of goiter	15		512		40					
10. Schick tests		388			18	1,948				
11. Cows tuberculin tested			612		921			185		92
12. Immunization:										
(a) Complete antityphoid inoculations	6	1,059	1	400	20	1,379		6,397	2	50
(b) Antismallpox vaccinations	97	1,701	577	2,221	1,348	4,196		430		982
(c) Complete diphtheria toxin-antitoxin inoculations		372		1,286		1,684			429	
(d) Persons treated with antitoxin for immediate protection against diphtheria	15	1	20		1				226	17
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	51	12	227	111	95	33	12	41	166	170
(2) Examinations	9	11			41				4	10
(3) Office consultations	12	12	2	7	18	45	9	9	8	14
(4) Group conferences						22		15	2	
(5) Home visits	74	26	88	111	98	29	10	67	157	253
(6) Midwives instructed		8			114	74		24	2	132
(b) Infant and preschool—										
(1) Babies and children examined	313	144	819	170	969	1,066	8	16	419	167
(2) Office consultations, mothers	7	27	32		73	2	2	12	491	111
(3) Group conferences with mothers	19	16	4		1	14		26	30	
(4) Home visits	209	242	188	406	641	119		153	199	426
(c) School—										
(1) Children examined	3,654	1,408	3,282	5,050	3,023	3,770	362	2,585	4,147	1,726
(2) Found defective	3,055	905	2,391	3,618	2,069	2,739	352	1,514	3,706	1,341
(3) Defects found	4,595	1,190	3,267	5,626	3,900	4,288	770	2,297	8,927	2,766
(4) Consultations, parents (office and school)	15	67	145	94	479		28	25	623	96
(5) Home visits	373	181	173	599	826	184	21	34	522	726

(6) Talks to classes or drills in hygiene	182	83	54	324	15		15	15	265	23
(7) Exclusions for communicable disease	142	144	102	28	65	99	28	3	606	71
(d) Nutritional classes—cases attending	228	193			86				3,018	6
14. Antimalaria work	(1)	(2)	(3)	(3)	(1)	(3)	(3)	(3)	(1)	(4)
15. Laboratory examinations:										
(a) Positive	1,914	100	30	193	155	59		60	282	86
(b) Negative	3,323	102	50	204	493	467	5	107	912	270
Total	5,237	202	80	397	648	523	5	167	1,194	356
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S		5	4	15	62				3	
(b) Water-tight vault				5						
(c) Bucket and box		25		16					2	
(d) Pit		77	13	545	500	1,627		678	19	13
Total		107	17	581	562	1,627		678	24	13
2. Privies restored to sanitary type	1	2	6	117	977	416		155	42	60
3. Septic tanks installed	1	60	3		142	40		18	23	5
4. New sewer connections		5	41	6	6	242		31	256	239
5. New water connections	280	15	2	8	186	79		36	758	
6. Wells or springs improved		20	1		1			22	86	6
7. Public milk supplies radically improved		10			12			3	7	12
8. Treatments induced for correction of physical defects:										
(a) In infants		2	18						37	
(b) In preschool children	6	8	31		42				21	16
(c) In school children	388	20	403	398	892	471		23	345	71
(d) In adults	13	6	1		2				10	20
9. Nutritional cases improved	125	213	1		45				59	13
10. Convictions for violation of sanitary laws			1		29	54		1	6	2
11. Nuisances corrected		279	36	429	4	144		99	203	27

[1] Considerable. [2] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Jefferson, Kans.	Lafourche Parish, La.	Lauderdale, Ala.	Laurens, Ga.	Lawrence, Ala.	Lewis and Clark, Mont.	Limestone, Ala.	Logan, W. Va.	Lyon, Kans.	Madison, Ala.
Period of work in fiscal year 1926	August 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$2,200.00	$600.00	$1,074.93	$300.00	$1,101.12	$2,400.00	$300.00	$377.00	$1,200.00	$300.00
State		1,200.00	2,100.52		1,249.98	206.25	2,499.96	600.00		2,499.96
County	6,867.38	1,800.00	4,640.12	3,900.00	4,640.15	2,071.24	4,691.19	11,931.82	4,170.61	7,999.92
Municipalities			1,368.39			2,071.24				4,298.90
Other agencies			5,510.70		1,125.00	693.75	1,620.00	1,600.00	1,650.00	4,054.97
Total	9,067.38	3,600.00	14,694.66	4,200.00	8,116.25	7,442.48	9,111.15	14,508.82	7,020.61	19,153.75
B. ACTIVITIES										
1. Educational:										
(a) Lectures	13	73	99	97	50	57	168	148	44	101
(b) Attendance	878	7,498	6,695	3,460	2,102	2,421	8,749	1,866	2,107	12,011
(c) Bulletins distributed	3,946		6,265	1,480	2,295	3,875	3,648	5,832	5,842	1,818
(d) Newspaper articles	266		51	164	72	100	52	92	62	96
(e) Circular letters	383	394	4,104	670	166	445	2,968	1,043	3,092	2,455
(f) Health exhibits	1		1	1	1		8	6	1	1
2. Sanitary inspections:										
(a) Private premises	17		1,440	258	571	62	468	2,257	56	4,103
(b) Public premises—schools, churches, stores, camps, etc.	213	163	279	178	284	168	938	500	170	112
3. Special inspections:										
(a) Dairies		1	69	82		86	4	68	104	203
(b) Other food-producing or food-handling places	1	11	341	114	276	418	493	420	166	829
4. Examinations:										
(a) For life-extension advice		54	162	12	30	84	70			74
(b) For marriage licenses		3	8	1	1		80			254
(c) For work certificates (children)			50		2		11	2		446
(d) For lunacy	5		12	4	1		22	6	10	14
(e) Of prisoners	15		60	51	4	5	33	157	54	267
(f) Of food handlers	4	6	46	116		41	23	28	62	63
5. Acute communicable disease control:										
(a) Visits to cases, carriers, contacts, or suspects	86	307	303	156	270	544	258	483	812	395
(b) Cases or carriers quarantined	245	96	110	48	47	112	126	235	434	102

6. Venereal disease control:										
(a) Suspects examined	9	2	78	77	66	24	256	686	29	401
(b) Prophylactic treatments				49		17		2	3	
(c) Curative treatments	7		2	6	93		517	2,206	10	5,915
7. Tuberculosis control:										
(a) Number examined	90		52	39	31	52	47	27	117	61
(b) Positive	10		15	13	10	16	12	9	42	22
(c) Negative	80		37	26	21	36	35	18	75	39
(d) Placed in institutions			1	8		3		7	3	
(e) Home visits	27		258	27	115	58	142	114	177	295
8. Persons treated for removal of hookworm				294	2		1			
9. Persons treated for prevention or cure of goiter	1					336			17	
10. Schick tests		2,284							4	
11. Cows tuberculin tested	186		1,448	15		2,032		297	191	1,945
12. Immunization:										
(a) Complete antityphoid inoculations	12	1,620	5,620	3,246	3,005	31	1,563	1	358	1,559
(b) Antismallpox vaccinations		3,399	4,180	241	208	76	167	585	12	1,039
(c) Complete diphtheria toxin-antitoxin inoculations		1,181	13	760		739	7	49	1,183	
(d) Persons treated with antitoxin for immediate protection against diphtheria			8	103	2	33	3	61	79	77
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	13		257	97	64	76	41	21	33	201
(2) Examinations			3	96	2	32	17		9	7
(3) Office consultations	6	14	2	81		47	13		23	21
(4) Group conferences			9	25		32	5			1
(5) Home visits	36	1	331	37	88	50	70	51	35	205
(6) Midwives instructed			64	65	2		39			67
(b) Infant and preschool—										
(1) Babies and children examined	36	35	171	99	41	404	324	683	164	338
(2) Office consultations, mothers	8		33	55		264	93	51	117	118
(3) Group conferences with mothers	1		18	23		60	18	35	2	14
(4) Home visits			375	34	205	161	416	588	108	939
(c) School—										
(1) Children examined	3,260	1,925	4,801	848	2,788	3,005	4,181	4,217	1,005	5,006
(2) Found defective	2,666	1,611	2,199	531	1,930	2,537	2,868	3,670	1,217	3,272
(3) Defects found	5,001	3,610	2,711	603	2,782	6,269	4,241	4,995	1,873	5,098
(4) Consultations, parents (office and school)	255	25	208	105	68	173	96	37	81	152
(5) Home visits	670	11	587	84	599	872	166	934	123	168
(6) Talks to classes or drills in hygiene	314		29	59	26	71	2	220	93	55
(7) Exclusions for communicable disease	41		138	81	1	180	87	561	198	37
(d) Nutritional classes—cases attending			103	160						
14. Antimalaria work	(1)	(4)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
15. Laboratory examinations:										
(a) Positive	7	69	231	404	176	362	214	472	225	708
(b) Negative	5	14	1,346	734	332	848	720	508	519	2,191
Total	12	83	1,577	1,138	508	1,210	934	980	744	2,899

[1] Considerable. [3] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Jefferson, Kans.	Lafourche Parish, La.	Lauderdale, Ala.	Laurens, Ga.	Lawrence, Ala.	Lewis and Clark, Mont.	Limestone, Ala.	Logan, W. Va.	Lyon, Kans.	Madison, Ala.
Period of work in fiscal year 1926	August 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S		14				5		179	97	4
(b) Water-tight vault						11			6	
(c) Bucket and box							2			100
(d) Pit	22	6	249	66	155	8	124	82	16	90
Total	22	20	249	66	155	24	126	261	119	194
2. Privies restored to sanitary type	102	2	30	110	13	20	37	121	10	417
3. Septic tanks installed		2	47		5	7	2	15	18	5
4. New sewer connections			198	89		41	19	119	84	115
5. New water connections			160	78	6	40	20	320	82	108
6. Wells or springs improved	15		16	40	3	8	38	11		116
7. Public milk supplies radically improved	7		1	28		51		10	47	3
8. Treatments induced for correction of physical defects:										
(a) In infants			24	86		2	5			1
(b) In preschool children			69	74	7	42	4	3	1	5
(c) In school children	600	5	814	426	73	111	540	275	576	225
(d) In adults			17	76		6	10	1		3
9. Nutritional cases improved			84	160	5		2	189	55	
10. Convictions for violation of sanitary laws	7		15			6	18	4	1	5
11 Nuisances corrected	118	35	260	114	55	75	69	282	64	220

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Marion, Mo.	Marion, W. Va.	Marshall, W. Va.	Mason, Ky.	McKinley, N. Mex.	McPherson, Kans.	Miller, Ga.	Morgan, Tenn.	Nansemond, Va.	New Madrid, Mo.
Period of work in fiscal year 1926	Feb. 1, 1926, to June 30, 1926	Oct. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Jan. 31, 1926	Nov. 16, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$1,333.33	$225.00	$1,658.29	$1,025.00	$300.00	$2,400.00	$545.84	$688.56	$287.50	$600.00
State	258.33	1,250.00	1,950.00	2,141.02	2,550.00	1,200.00	583.33	337.43	3,043.95	1,774.41
County	1,187.29	8,449.81	8,056.76	3,066.19	4,307.07	3,527.88	1,141.09	589.61	6,087.88	3,504.41
Municipalities	1,568.92			800.00					3,043.94	
Other agencies	909.75		2,224.92	935.57					3,043.94	329.41
Total	5,257.62	9,924.81	13,889.97	7,967.78	7,157.07	7,127.88	2,270.26	1,615.60	15,507.21	6,208.23
B. ACTIVITIES										
1. Educational:										
(a) Lectures	35	56	98	332	202	9	4	51	73	94
(b) Attendance	1,409	3,098	4,196	14,426	4,975	625	230	3,350	4,720	4,337
(c) Bulletins distributed	1,842	5,536	12,629	5,042	5,887	347	265	2,970	5,568	1,250
(d) Newspaper articles	37	42	91	229	62	38	25	9	183	151
(e) Circular letters	612		4,057	352	458				2,265	4,000
(f) Health exhibits		9	5	53	37				2	25
2. Sanitary inspections:										
(a) Private premises	160	225	528	1,224	2,628	3	222	1,568	1,114	35
(b) Public premises—schools, churches, stores, camps, etc	85		125	600	825	128	48	55	27	90
3. Special inspections:										
(a) Dairies	92	96	139	181	213	2			157	5
(b) Other food-producing or food-handling places	122		89	1,494	120	142			863	1
4. Examinations:										
(a) For life-extension advice	1		3		94					235
(b) For marriage licenses										
(c) For work certificates (children)		3	8	10	2				98	1
(d) For lunacy			2	4	7	1				32
(e) Of prisoners	7		112	30	47	2				300
(f) Of food handlers			4		28				19	
5. Acute communicable disease control:										
(a) Visits to cases, carriers, contacts, or suspects	1,143	291	3,836	652	787	204	25		238	285
(b) Cases or carriers quarantined	427	204	1,796	204	280	368	14		166	80

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Marion, Mo.	Marion, W. Va.	Marshall, W. Va.	Mason, Ky.	McKinley, N. Mex.	McPherson, Kans.	Miller, Ga.	Morgan, Tenn.	Nansemond, Va.	New Madrid, Mo.
Period of work in fiscal year 1926	Feb. 1, 1926, to June 30, 1926	Oct. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Jan. 31, 1926	Nov. 16, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
B. ACTIVITIES—continued										
6. Venereal-disease control:										
(a) Suspects examined	15		83	326	57	2			10	75
(b) Prophylactic treatments					4					
(c) Curative treatments	34		303	1,247	11					225
7. Tuberculosis control:										
(a) Number examined	7	18	147	115	65	51			253	35
(b) Positive	3	3	66	27	59	10			76	25
(c) Negative	4	15	81	88	6	41			177	10
(d) Placed in institutions			51	4	4	1			26	10
(e) Home visits	15		161	307	68	2			437	27
8. Persons treated for removal of hookworm							84			
9. Persons treated for prevention or cure of goiter	1	76	453	137	10					2
10. Schick tests				75					562	
11. Cows tuberculin tested			12,615	444	11				201	10
12. Immunization:										
(a) Complete antityphoid inoculations		300	204	298	18	5	123		1,138	210
(b) Antismallpox vaccinations		3,432	780	3,777	968	2	27		1,021	50
(c) Complete diphtheria toxin-antitoxin inoculations		5	1,961	72	19	7	253		507	
(d) Persons treated with antitoxin for immediate protection against diphtheria	2		49	48	4	25	40			12
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	14		48	227	176	1			41	35
(2) Examinations			1	194	45					
(3) Office consultations			1	311	36					5
(4) Group conferences				25	24					
(5) Home visits	7		5	622	221	1			41	15
(6) Midwives instructed				59	32				16	20
(b) Infant and preschool—										
(1) Babies and children examined	500	63	11	1,993	1,179	89			435	250
(2) Office consultations, mothers	386		5	297	123	89			10	125
(3) Group conferences with mothers	10			55	27	16				
(4) Home visits	104	119	2	1,907	724				505	100

(c) School—										
(1) Children examined	1,230	5,130	1,257	3,098	6,167	4,098	280		5,169	2,300
(2) Found defective	576	4,932	931	1,818	4,633	2,665	138		2,567	940
(3) Defects found	814	11,552	1,587	2,865	7,565	5,072	176		3,779	1,780
(4) Consultations, parents (office and school)	529			1,018	322	1	400		61	300
(5) Home visits	136	214		706	711		99		796	80
(6) Talks to classes or drills in hygiene	92		64	486	222		22		32	32
(7) Exclusions for communicable disease	20	117	418	262	154				189	110
(d) Nutritional classes—cases attending			30	240	1,875					87
14. Antimalaria work	(1)	(1)	(1)	(2)	(4)	(1)	(1)	(1)	(1)	(1)
15. Laboratory examinations:										
(a) Positive	154	31	178	295	75	11	11		116	35
(b) Negative	348	23	312	405	146	40	23		351	19
Total	502	54	490	700	221	51	34		467	54
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S.				22					3	
(b) Water-tight vault				6		3		31		
(c) Bucket and box								1	3	
(d) Pit	14	16	50	8	300	17	12	453	82	26
Total	14	16	50	36	300	20	12	485	88	26
2. Privies restored to sanitary type	18		30	33	220			2	185	
3. Septic tanks installed				25	11		9		6	
4. New sewer connections			34	126	52	2	3		372	1
5. New water connections	127			138	61	4	9		2	
6. Wells or springs, improved			4	57	26	22	6	6	13	
7. Public milk supplies radically improved	5			74	42	3			14	
8. Treatments induced for correction of physical defects:										
(a) Infants	18		1	113	177					165
(b) In preschool children	34		23	280	167				3	110
(c) In school children	123	289	487	918	360	1,090	2		966	275
(d) In adults	1			149	145					300
9. Nutritional cases improved			30	153	1,256					51
10. Convictions for violation of sanitary laws	3		3	1					61	
11. Nuisances corrected	104	50	67	369	613	3	6	1	468	2

[1] Considerable. [2] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Nodaway, Mo.	Obion, Tenn.	Oklahoma, Okla.	Okmulgee, Okla.	Ottawa, Okla.	Ottawa, Kans.	Pemiscot, Mo.	Pettis, Mo.	Polk, Mo.	Preston, W. Va.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Sept. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Mar. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Jan. 31, 1926	July 1, 1925, to June 30, 1926
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$600.00	$299.17	$2,499.96	$2,499.56	$2,187.50	$1,200.00	$630.00	$600.00	$200.00	$1,200.00
State	1,800.09	2,958.11	2,350.15	1,432.98	2,923.96			2,475.00	1,400.00	4,392.60
County	7,935.43	5,046.00	1,852.10	4,920.98	4,503.24	5,499.79	1,130.65	3,000.00	1,525.00	8,243.08
Municipalities				850.00						
Other agencies		3,108.12	1,994.80	300.00			600.00	1,976.62	350.00	1,500.00
Total	10,335.43	11,411.40	8,697.01	10,003.52	9,614.70	6,699.79	2,330.65	8,051.62	3,475.00	15,335.68
B. ACTIVITIES										
1. Educational:										
(a) Lectures	176	338	40	46	41	18	11	82	41	302
(b) Attendance	4,290	13,495	5,657	2,047	5,962	1,119	1,560	3,330	1,480	13,494
(c) Bulletins distributed	5,204	6,137	5,005	4,548	6,771	9,796	2,093	4,175	1,090	8,473
(d) Newspaper articles	73	48	3	41	27	58	12	89	30	23
(e) Circular letters		259	299	866	3,611	2,435	135	1,750	200	2,644
(f) Health exhibits		5	21		2	37	1	7	4	14
2. Sanitary inspections:										
(a) Private premises	266	2,552	272	702	4,922	34	24	13	12	2,195
(b) Public premises—schools, churches, stores, camps, etc	264	122	126	1,405	795	159	27	105	13	347
3. Special inspections:										
(a) Dairies		37	29	243	6	19	1			36
(b) Other food-producing or food-handling places		654	481	702	33	57			1	232
4. Examinations:										
(a) For life-extension advice	26	83		1		194	35	138	87	91
(b) For marriage licenses										
(c) For work certificates (children)		15		6						
(d) For lunacy		15		6	19	2	4	7	2	13
(e) Of prisoners		47		8	83	15	86	8	9	14
(f) Of food handlers				90	1					76
5. Acute communicable disease control:										
(a) Visits to cases, carriers, contacts, or suspects	254	351	94	253	179	270	8	190	87	232
(b) Cases or carriers, quarantined	142	439	54	172	186	219	7	136	30	215
6. Venereal disease control:										
(a) Suspects examined		26	3	157	125	15	18	152	9	36
(b) Prophylactic treatments								9	1	
(c) Curative treatments		80	605	18	469	128	13	1,012	19	109

7. Tuberculosis control:										
(a) Number examined		21	4	63	33	13	9	39	30	44
(b) Positive		9	2	47	25	3	6	9	5	2
(c) Negative		12	2	16	8	10	3	30	25	42
(d) Placed in institutions		1	2	16	1	2	3	1	4	1
(e) Home visists	1	71	41	124		8	8	90	19	46
8. Persons treated for removal of hookworm										
9. Persons treated for prevention or cure of goiter	63			1		4	2	1	7	375
10. Schick tests		388				91				
11. Cows tuberculin tested		355		345						831
12. Immunization:										
(a) Complete antityphoid inoculations	1	3,367	2,236	2,942	594	66		10	80	1,257
(b) Antismallpox vaccinations	77	698	734		539	1,174	120	29	16	1,307
(c) Complete diphtheria toxin-antitoxin inoculations		164	3		5	848			60	606
(d) Persons treated with antitoxin for immediate protection against diphtheria		19		6	36		1	1	7	10
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	8	47	4	91	3	20	59	58	5	279
(2) Examinations		8		7		13	2	6	2	2
(3) Office consultations		6		19		24	4	5	4	9
(4) Group conferences						2				118
(5) Home visits	5	119	5	120		1	3	53	1	207
(6) Midwives instructed		20		16						4
(b) Infant and preschool—										
(1) Babies and children examined	248	143		221	39	230	76	514	187	1,353
(2) Office consultations, mothers	206	12		41	22	155	10	94	77	46
(3) Group conferences with mothers	72	6		22		13		41	8	120
(4) Home visits	69	836	5	220	4	17	3	142	36	572
(c) School—										
(1) Children examined	2,974	4,680	4,447	2,730	6,433	1,855	1,793	2,134	647	6,048
(2) Found defective	2,497	2,303	2,579	1,703	2,885	1,582	1,526	1,023	248	5,061
(3) Defects found	5,406	4,200	3,480	2,942	9,556	3,286	2,645	1,363	333	6,031
(4) Consultations, parents (office and school)	159	85	16	68	1	39	38	79	78	171
(5) Home visits	179	544	112	254	2	42	6	162	86	322
(6) Talks to classes or drills in hygiene	114	75	141	7	3	18	55	94	9	387
(7) Exclusions for communicable disease	6	193	19	41	72	142	5	109	77	31
(d) Nutritional classes—cases attending								1,463		
14. Antimalaria work	(3)	(3)	(4)	(4)	(3)	(3)	(4)	(3)	(3)	(3)
15. Laboratory examinations:										
(a) Positive	29	76	30	126	89	40	25	165	19	108
(b) Negative	24	228	167	153	146	364	33	225	40	214
Total	53	304	197	279	235	404	58	390	59	322

[3] Considerable. [4] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Nodaway, Mo.	Obion, Tenn.	Oklahoma, Okla.	Okmulgee, Okla.	Ottawa, Okla.	Ottawa, Kans.	Pemiscot, Mo.	Pettis, Mo.	Polk, Mo.	Preston, W. Va.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Sept. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Mar. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to Jan. 31, 1926	July 1, 1925, to June 30, 1926
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S.		3			2	4		1		9
(b) Water-tight vault										9
(c) Bucket and box		1		4	389					92
(d) Pit		84	16	1	17		4	21		796
Total		88	16	5	408	4	4	22		906
2. Privies restored to sanitary type	29	162	47	88	53	4		5	8	
3. Septic tanks installed		3			1					19
4. New sewer connections	134	133		41	59					160
5. New water connections	149	98		12	2				2	213
6. Wells or springs improved	7	43	14	35	1		1	16	12	162
7. Public milk supplies radically improved		9		14	1	4				4
8. Treatments induced for correction of physical defects:										
(a) In infants							3	74	4	17
(b) In preschool children		1		10	2		2	40	17	314
(c) In school children	114	128	210	265	47	1	8	661	27	434
(d) In adults	14			4				65	7	23
9. Nutritional cases improved								50	9	236
10. Convictions for violation of sanitary laws				9						3
11. Nuisances corrected		524	33	148	88	28		4	9	251

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Pulaski, Ark.	Rhea, Tenn.	Roane, W. Va.	St. Francois, Mo.	St. Louis, Mo.	San Diego, Calif.	San Joaquin district, Calif.	Santa Barbara, Calif.	Sante Fe, N. Mex.	Talladega, Ala.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	Oct. 26, 1925, to June 30, 1926	Sept. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Mar. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$1,999.92	$669.12	$254.16	$600.00	$775.00	$2,499.96	$999.96	$2,499.96	$300.00	$1,200.00
Sate	600.00	370.23	2,162.73	2,878.49						3,339.96
County	8,984.19	571.91	4,325.35	3,145.94	3,291.25	31,493.42	90,408.89	6,549.96	4,026.01	5,958.34
Municipalities										1,775.32
Other agencies			2,162.62	9,445.04			1,800.00			985.69
Total	11,584.11	1,611.26	8,904.86	16,069.47	4,066.25	33,993.38	93,208.85	9,049.92	4,326.01	13,259.31
B. ACTIVITIES										
1. Educational:										
(a) Lectures	102	6	296	52	10	36	78	29	15	101
(b) Attendance	5,009	657	6,965	4,076	240	866	9,132	685	643	3,009
(c) Bulletins distributed	1,432	3,395	14,082	896	473	6,233	3,029	148	104	395
(d) Newspaper articles	32	5	44	90	26	34	327	18	54	32
(e) Circular letters	281		1,740	2,385	1,154	381	17,305	266	113	4,031
(f) Health exhibits	18		28	17		7	26			3
2. Sanitary inspections:										
(a) Private premises	207	2,083	701	1,164	107	91	2,751	34	308	2,146
(b) Public premises—schools, churches, stores, camps, etc	196	26	582	219	39	451	1,078	39	68	250
3. Special inspections:										
(a) Dairies	162		39	4	5	901	7,068	6	48	57
(b) Other food-producing or food-handling places	6	86	119	1	1	1,513	7,103	3	40	848
4. Examinations:										
(a) For life-extension advice	25						4,674			45
(b) For marriage licenses									2	22
(c) For work certificates (children)	1		3		8		22		83	39
(d) For lunacy	1			2	4		5	6		4
(e) Of prisoners			2	1	180		93		9	33
(f) Of food handlers	1		11		1		156		3	97
5. Acute communicable-disease control:										
(a) Visits to cases, carriers, contacts, or suspects	147		78	2,447	832	1,326	11,389	82	179	284
(b) Cases or carriers quarantined	37	8	64	1,010	750	249	486	2	226	42

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Pulaski, Ark.	Rhea, Tenn.	Roane, W. Va.	St. Francois, Mo.	St. Louis, Mo.	San Diego, Calif.	San Joaquin district, Calif.	Santa Barbara, Calif.	Sante Fe, N. Mex.	Talladega, Ala.
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	Oct. 26, 1925, to June 30, 1926	Sept. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Mar. 1, 1926, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926
B. ACTIVITIES—continued										
6. Venereal-disease control:										
(a) Suspects examined	9		9	62	13		811	2	21	734
(b) Prophylactic treatments				7					2	1
(c) Curative treatments			3	152	55		8,629	1	11	2,229
7. Tuberculosis control:										
(a) Number examined	20		131	22	19	61	349	87		42
(b) Positive	7		30	11	11	5	179	21		20
(c) Negative	13		101	11	8	56	170	66		22
(d) Placed in institutions	3		7	6	5	5	33	8		
(e) Home visits	9		18	71	143	83	1,078	17		515
8. Persons treated for removal of hookworm	50									
9. Persons treated for prevention or cure of goiter							2	3	22	
10. Schick tests										67
11. Cows tuberculin tested	1,390					7,519	1,340			8
12. Immunization:										
(a) Complete antityphoid inoculations	689		463	762			928		49	1,979
(b) Antismalipox vaccinations	263	51	1,421	104		1,554	18,068	12	330	337
(c) Complete diphtheria toxin-antitoxin inoculations	291			1	3	1,018	1,784		374	1,131
(d) Persons treated with antitoxin for immediate protection against diphtheria	100		6		11	8	61		105	22
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	9		3	77		44	325	7	21	60
(2) Examinations			11				290	1	2	44
(3) Office consultations	1		8	2		2	284		9	
(4) Group conferences						1				
(5) Home visits	2		3	78		52	203	3	12	108
(6) Midwives instructed							1		28	49
(b) Infant and preschool—										
(1) Babies and children examined	169		18	638	32	839	2,892	240	35	1,220
(2) Office consultations, mothers	28		1	430	3	289	1,462		26	46
(3) Group conferences, with mothers	54			14		222	34			108
(4) Homes visits	20		82	373		675	9,180	55	9	877

(c) School—										
(1) Children examined	700		4,423	4,914	438	7,133	11,040	1,649	2,542	3,199
(2) Found defective	566		2,655	3,350	402	2,104	5,031	703	422	2,384
(3) Defects found	859		5,106	6,734	1,104	2,874	8,641	859	478	3,463
(4) Consultations, parents (office and school)	194		143	305	42	129	1,129	258	51	193
(5) Home visits	77		230	423	32	1,282	13,901	1,175	25	314
(6) Talks to calsses or drills in hygiene			201	435	10	182	1,158	57	29	186
(7) Exclusions for communicable disease	56		32	430	39	129	1,476	56	258	8
(d) Nutritional classes—cases attending			2	385						
14. Antimalaria work	(4)	(4)	(3)	(4)	(4)	(3)	(3)	(3)	(3)	(3)
15. Laboratory examinations:										
(a) Positive	113		60	104	34	121	1,133	1	53	350
(b) Negative	181		82	184	10	1,204	3,737	6	45	1,196
Total	294		142	288	44	1,325	4,870	7	98	1,546
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S	8			1	2		3	2		1
(b) Water-tight vault		2								
(c) Bucket and box	11			6						54
(d) Pit	43	383	18	22	51		2	2	18	162
Total	62	385	18	29	53		5	4	18	217
2. Privies restored to sanitary type	9	200	21	280	19			2	50	154
3. Septic tanks installed	34	5	4	7	6	589			1	7
4. New sewer connections	1	47	11	75		55	668		3	150
5. New water connections	31		9	62		1,079	628		11	130
6. Wells or springs improved	35	21	27	10	3	2			3	19
7. Public milk supplies radically improved	21		9						20	2
8. Treatments induced for correction of physical defects:										
(a) In infants	10			7		5	8		1	15
(b) In preschool children	125			17	1	42	44	5	4	28
(c) In school children	800		36	549	1	362	1,980	569	50	1,610
(d) In adults	1		12	8		11	600	10	2	5
9. Nutritional cases improved				190		308			1	
10. Convictions for violation of sanitary laws	2			2			3			5
11. Nuisances corrected	27	54	93	175	48	20	506	19	197	339

[1] Considerable. [2] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Union, N. Mex.	Valencia, N. Mex.	Walker, Ala.	Walker, Ga.	Washington Parish, La.	Washington, Miss.	Weakley, Tenn.	Wise, Va.	10 Virginia counties	Total
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Dec. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	
A. EXPENDITURES										
Rural sanitation fund (P. H. S.)	$599.97	$300.00	$900.00	$1,740.00	$2,099.16	$1,199.99	$175.00	$300.00	$4,411.50	$78,063.37
State	259.16	500.00	1,330.00		2,000.16	920.77	1,106.47		10,250.33	108,629.74
County	4,577.34	5,605.14	5,167.67	4,492.30	2,815.08	3,479.01	2,255.79	15,822.31	14,843.40	521,557.32
Municipalities					1,320.88	2,546.67				71,973.42
Other agencies	82.71	500.00	1,550.24				1,256.46			76,738.53
Total	5,519.18	6,905.14	8,947.91	6,232.30	8,235.28	8,146.44	4,793.72	16,122.31	29,505.23	856,962.38
B. ACTIVITIES										
1. Educational:										
(a) Lectures	58	36	59	129	164	265	97		443	7,438
(b) Attendance	1,430	939	3,927	5,297	11,712	6,947	4,703		44,908	402,627
(c) Bulletins distributed	1,855	986	1,729	5,132	15,852	2,318	1,813	1,879	33,012	448,203
(d) Newspaper articles	41	40	28	17	13	40	38	10	180	5,685
(e) Circular letters	645	234	2,268	1,586	2,142	3,300	425	22	3,050	147,626
(f) Health exhibits	2	7	3		1			4	37	562
2. Sanitary inspections:										
(a) Private premises	357	56	4,871	3,263	356	8,086	273	1,518	20,899	146,545
(b) Public premises—schools, churches, stores, camps, etc.	99	105	372	263	296	879	190	6	960	32,918
3. Special inspections:										
(a) Dairies	7	4	147	113	329	12	26	68		14,366
(b) Other food-producing or food-handling places	51	16	378		511	312	183	162	1,975	41,249
4. Examinations:										
(a) For life-extension advice	7		56		91		2			7,656
(b) For marriage licenses			120		1					651
(c) For work certificates (children)			48	126		1				1,568
(d) For lunacy	10		42			5	3			447
(e) Of prisoners	24	11	60			10	1			2,723
(f) Of food handlers	22		96		215					3,267
5. Acute communicable disease control:										
(a) Visits to cases, carriers, contacts, or suspects	735	317	176	131	189	103	82	164		60,997
(b) Cases or carriers, quarantined	97	14	168	44	97	70	26	72	892	22,140
6. Venereal disease control:										
(a) Suspects examined	17	6	65	22		79		137		6,748
(b) Prophylactic treatments			5	1						165
(c) Curative treatments	2	6	67	7		52		2,184		33,451

7. Tuberculosis control:										
(a) Number examined	3	2	75	37	17	59	1	101		4,333
(b) Positive		2	25	4	7	52	1	37		1,534
(c) Negative	3		50	33	10	7		64		2,799
(d) Placed in institutions					1	3	1	10		414
(e) Home visits	2	29	138	17	11	118	10	75		9,443
8. Persons treated for removal of hookworm			131		135			70		2,322
9. Persons treated for prevention or cure of goiter										3,495
10. Schick tests							26	219		6,393
11. Cows tuberculin tested	1,404		541	181	1,248	630	229	426	199	46,945
12. Immunization:										
(a) Complete antityphoid inoculations	422	13	4,403	1,638	2,794	2,543	4,152	234	2,195	80,912
(b) Antismallpox vaccinations	211	858	255	196	7,831	3,246	8	427	10,971	102,487
(c) Complete diphtheria toxin-antitoxin inoculations		34		119	2,024	367		12	917	26,247
(d) Persons treated with antitoxin for immediate protection against diphtheria	20		142		44	49				1,870
13. Child hygiene:										
(a) Prenatal—										
(1) Cases given advice	125	44	82	8	86	56	15	82		5,385
(2) Examinations	2	1	4				2	20		1,037
(3) Office consultations	2	1	40	14	3	16				1,250
(4) Group conferences	12		32		5			5		574
(5) Home visits	17	48	113	15	98	44	22	82		6,546
(6) Midwives instructed	8	30	3			160	1	20		1,529
(b) Infant and preschool—										
(1) Babies and children examined	132	350	797	84	130	325	301	875		28,439
(2) Office consultations, mothers	31	61	86	62	151	175	2			6,910
(3) Group conferences with mothers	16	26	32	1	554	1	9	185		2,271
(4) Home visits	65	407	372	8	155	667	29	788		54,294
(c) School—										
(1) Children examined	805	1,202	2,558	3,595	438	3,032	3,390	11,240		235,024
(2) Found defective	632	276	1,212	1,915	380	1,617	2,310	7,576		148,318
(3) Defects found	895	429	1,741	2,329	782	2,337	3,897	13,359		251,598
(4) Consultations, parents (office and school)	132	100	27	54	658	123	24			17,814
(5) Home visits	31	127	28	610	246	413	148	1,111		41,868
(6) Talks to classes or drills in hygiene	28	263	8		65	63	42	101		7,781
(7) Exclusions for communicable disease	56	5	16		40		6	94		12,775
(d) Nutritional classes—cases attending		75	1,265							10,303
14. Antimalaria work	(1)	(2)	(2)	(2)	(4)	(2)	(4)	(4)	(2)	
15. Laboratory examinations:										
(a) Positive	60	5	344	25	115	118	17	404		14,102
(b) Negative	163	14	223	59	184	1,717	41	733		41,135
Total	223	19	567	84	299	1,835	58	1,137		55,237

[1] Considerable. [2] None. [4] Little.

Compilation of data, by counties, on cooperative demonstration work in rural sanitation in the fiscal year 1926—Continued

Counties (or districts)	Union, N. Mex.	Valencia, N. Mex.	Walker, Ala.	Walker, Ga.	Washington Parish, La.	Washington, Miss.	Weakley, Tenn.	Wise, Va.	10 Virginia counties	Total
Period of work in fiscal year 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	Dec. 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	July 1, 1925, to June 30, 1926	
C. RESULTS										
1. Sanitary privies installed:										
(a) Septic or L. R. S.					1			57	30	565
(b) Water-tight vault						43			25	147
(c) Bucket and box			87		4				219	1,018
(d) Pit	43	1	490	172	55	2,200	49	518	1,472	13,709
Total	43	1	577	172	60	2,243	49	575	1,746	15,439
2. Privies restored to sanitary type	147	7	843	183	16	2,514	3	164	2,274	11,962
3. Septic tanks installed		2	2	22	26		5	7	395	1,877
4. New sewer connections			30	35	43	278		103	323	5,936
5. New water connections			43	40	22			103	174	6,923
6. Wells or springs improved	33	2	18		10		5	17	174	1,308
7. Public milk supplies radically improved	4		19		1			5		592
8. Treatments induced for correction of physical defects:										
(a) In infants	12	3	34		1	2				1,005
(b) In preschool children	2	12	48		1	25				2,360
(c) In school children	148	35	67	288	566	1,611		1,725		33,114
(d) In adults		6	3		4			2		1,794
9. Nutritional cases improved		65	36		1	202				6,426
10. Convictions for violation of sanitary laws			9			107				384
11. Nuisances corrected	57	18	158	244	37	2,775	4	34	607	18,843

The Cape Cod Project

The cooperative rural health work begun in May, 1921, under the direction of a whole-time district health officer in a group of the 15 towns (townships) in Cape Cod, Mass.,[11] has continued. In the first year of the work the number of towns participating was 10 and their pooled appropriations for support of the project was $5,100. In the fiscal year 1926 the number of towns participating was 10 and their appropriations aggregated $5,540. The survival of this cooperative project for a period of six years, under the New England town system of government, wherein the appropriation for the health service has to be authorized for each year by each town at a town meeting under a practically unanimous consent agreement of the citizens, is significant. This plan, with its demonstrated success on Cape Cod, seems to have a considerable range of applicability in those States in which the town, township, or borough, instead of the county, is the rural unit of local government with respect to public health administration.

The Massachusetts Legislature in its 1925 session adopted an act enabling the board of commissioners of Barnstable County to establish a county health department. The Barnstable County health department, under the direction of a whole-time county health officer, is to begin operating in January, 1927. Thereafter the health service for Cape Cod will be supported with appropriations from the county treasury instead of pooled appropriations from the town treasuries. Any town on the cape can continue to maintain a town board of health, but the jurisdiction of the county health department will comprise the whole cape. The advantages of having the county as the unit for the local health administration are obvious.

The Barnstable County health department will be the first county health department established in New England. The precedent is of historic interest and is expected to prove of far-reaching practical importance.

Sanitary Officer Projects in Virginia and Tennessee Counties

The plan of special demonstration work in rural sanitation inaugurated in Virginia in the fiscal year 1920 was carried out in 10 counties [12] in that State and in 2 counties [13] in Tennessee in the fiscal year 1926.

[11] Reprint No. 699, from Public Health Reports of Oct. 7, 1921, pp. 11, 12; Reprint No. 788, from Public Health Reports of Sept. 29, 1922, p. 14; Reprint No. 887, from Public Health Reports of Dec. 14, 1923, p. 16; Reprint No. 964, from Public Health Reports of Oct. 17, 1924, p. 18; and Reprint No. 1047, from Public Health Reports of Oct. 23, 1925, p. 27.

[12] Carroll, Charlotte, Chesterfield, Greensville, Henry, Prince Edward, Pulaski, Roanoke, Smyth, and Washington.

[13] Morgan and Rhea.

This plan, which is described in previous reports,[14] continues to prove highly successful. It meets remarkably well the situations in rural counties in which effective health work, if done at all, must be done on a low-cost basis, and in which outdoor sanitary measures are especially needed. The cost for such service in the average county is about $2,750 a year. The county sanitary officer is engaged on a whole-time basis. He does not have to be a graduate in medicine or engineering, but he must be a trained, practical sanitarian. Along with his sanitary work, he carries out, with the active cooperation of the local physicians, most of the other activities expected of a whole-time county health officer with a medical degree.

The results accomplished in the county sanitary officer projects become more impressive from year to year. Some of these counties are now among the foremost in the list of rural counties in the United States presenting high-grade demonstrations in sanitary progress.

This county sanitary officer plan after seven years of testing appears to offer to the counties to which it is appropriate as large a return on the investment for county health service as any other yet tried or proposed.

Three-County Project in Georgia

The project in the southwestern part of Georgia inaugurated in the fiscal year 1924 and described in the report for that year [15] and discussed in the report for the fiscal year 1925 [16] was continued in the fiscal year 1926. In this project one whole-time health officer, a physician with training in health work, serves as health officer of each of three adjacent counties. Under his direction there is on duty in each of the three counties an assistant health officer who is a layman with practical training in sanitary work, and in one of the counties (Decatur) there is on duty also a county health nurse.

The special purpose of this cooperative project is to demonstrate an economical plan of public-health administration adapted to counties with resources too limited for each to support readily a complete, whole-time county health department. The plan seems right in general principle, but the detailed execution of it is, of course, attended with some practical difficulties. The health officer serves under three separate county governments. The budget has been inadequate, and it has been difficult to persuade the county authorities to keep up their disproportionately small part (50 per cent) of it. The counties which have been comprised in the project are comparatively small in area, population, and economic resources. The local

[14] Reprint No. 615, from Public Health Reports of Oct. 1, 1920, pp. 10, 12; Reprint No. 699, from Public Health Reports of Oct. 7, 1921, pp. 12, 14; Reprint No. 788, from Public Health Reports of Sept. 29, 1922, pp. 14–17; Reprint No. 887, from Public Health Reports of Dec. 14, 1923, pp. 16–18; Reprint No. 964, from Public Health Reports of Oct. 17, 1924, pp. 18–21; and Reprint No. 1047, from Public Health Reports of Oct. 23, 1925, pp. 27, 28.

[15] Reprint No. 964, from Public Health Reports of Oct. 17, 1924, p. 22.

[16] Reprint No. 1047, from Public Health Reports of Oct. 23, 1925, pp. 28, 29.

prevalence of malaria, hookworm disease, typhoid fever, and dysentery is high. Such diseases are impoverishing. Quite heavy expenditures have been made in these counties in recent years for improved roads and public schools. Both improvements were needed, but not so much as health work.

The money spent for 1 mile of paved road would buy adequate health service for three of the counties for a year. At some of the handsomest, recently constructed public schools unprotected water supplies and grossly insanitary open toilets have been found in use. In some of the schools examined 100 per cent of the children have been found infested with hookworm, and in others over 40 per cent of the children have been found to be suffering from chronic malaria. With such conditions the efficiency of the public-school system is necessarily low, and it seems certain that by diverting to efficient public-health work some of the money appropriated for schools—even to the extent, if necessary, of causing all the public schools to be closed for one year in five—a net gain could be realized in the specifically educational results from the public-school system.

The program at the beginning of this project, adopted with a special view to popularizing the health service, was to concentrate the work largely upon personal service measures, such as hookworm treatments, antityphoid vaccination, and quininization for the prevention or cure of malaria. That program has proved of doubtful advisability. The evidence now is that if from the beginning more work had been done to improve environmental sanitation to prevent disease and less time had been spent on the "personal service measures," the beneficial results would be larger, more obvious, and more lasting than those accomplished, and the appreciation of the value of the health service by the local citizens would be greater than it is now. Anyhow, two of the three counties in the original project have droppped out—Seminole after the first year and Miller after the second year. Fortunately, two other counties, Baker and Grady, adjacent to Decatur, the remaining one of the original three, promptly took the respective places of Seminole and Miller. Thus, the three-county project has been continued with vicissitudes, but without interruption.

Since the latter part of the fiscal year 1926 the sanitary features of the program have had a large part of the attention and effort of the members of the health department force.

If this project survives and proves successful, as now seems definitely possible, the demonstration will be of great value both locally and generally, and will thoroughly justify the support which the State health department and the Public Health Service have given and may give to the undertaking.

Special Features

Of the many especially interesting features of the work in the 89 projects during the fiscal year 1926 the following are mentioned mainly for the purpose of illustration:

In the group of nine Virginia counties in which county sanitary officers were engaged throughout the fiscal year there was only one case of typhoid fever reported for the month of June, 1926. The remarkable reduction of typhoid fever prevalence in these counties is definitely attributable to sanitary improvements.

In Santa Barbara County, Calif., a case of malignant smallpox developed in the fall of 1925 in a resident who had contracted the infection while on a visit to Los Angeles. The case was discovered promptly and the patient was isolated in the county hospital where he died a few days later. The county health officer and the county sheriff together traced all contacts, vaccinated them, and placed them in isolation. Not a secondary case developed.

In San Joaquin County, Calif., an outbreak of smallpox with 16 cases and 2 deaths in April, 1926, was promptly controlled by vaccination and isolation. Over 17,000 residents of the county were vaccinated within a period of 60 days after the beginning of the outbreak. The district health officer reports that 70 to 75 per cent of the population of the county are now immunized by vaccination against smallpox.

In Lyon and Ottawa Counties, Kans., over 50 per cent of the school children are reported to have had complete immunization (toxin-antitoxin) treatments against diphtheria.

In Washington Parish, La., with a population of 24,164, the specific immunizations within the fiscal year 1926 were 7,831 against smallpox, 2,794 against typhoid fever, and 2,024 against diphtheria.

In Jackson County, Mo., a case of extreme club feet was found in a girl in the course of the physical examination of school children. The feet were twisted nearly all the way around. Although walking was very painful to this girl, she walked five days in the week to and from school at a distance of a mile and a quarter from her home. Her age was 17. She was one of a family of 11 children. Her father was a farm laborer obtaining wages of only $40 a month. The county health department made arrangements whereby this girl was sent to a hospital in Kansas City and there operated upon for relief of the condition. Among the well-to-do citizens of Jackson County who perhaps complain at times about the few cents per capita a year paid in taxation for the support of the health department, there is in all probability not one who would not gladly contribute a dollar or more for the relief of one case such as this girl's.

In New Madrid County, Mo., a tonsil and adenoid clinic was attended by 20 local practicing physicians who gave the clinic their

thorough support and helped to make it a complete success. Eighty cases were operated upon one day.

In Cascade County, Mont., the health officer found, on his examination of children in the public schools in the spring of 1926, that among those in the seventh and eighth grades 78.8 per cent of the tonsils found enlarged or diseased at previous examination had been removed, and 61.6 per cent of the decayed teeth found the year before had been repaired or extracted.

In Rhea County, Tenn., a case of virulent smallpox was discovered in a man who had come from Florida while in the early stage of the disease. Fifty-one contacts were vaccinated immediately and no other case developed.

In Laurens County, Ga., the grand jury, at its sitting in May, 1926, paid the following tribute to the work of the county health officer, who has no assistant in his department:

> We, the grand jury of Laurens County, received the sixth annual report of the county health officer, and after examining same wish to inform the people of Laurens County what a service is being rendered by this department. The people of Laurens County get more in direct return from the health department than any other public office, and we wish to mention three or four items of work done last year. Take typhoid vaccinations—3,339 persons immunized against typhoid fever at a minimum of $3 a treatment would be $10,017; also in 1924 there were 17 deaths from typhoid and in 1925 only 7.
>
> We had several cases of smallpox in 1925; in fact two cases were found in the court house, and one was found in the grand jury room. This situation was handled without any loss of time in court or on farm. There were 3,967 persons vaccinated.
>
> The laboratory handled 963 specimens.
>
> Thirty-three mad dog treatments were administered at a minimum of $40 for each treatment. This would amount to $1,320.
>
> Public water supplies, milk, and other food establishments are regularly inspected; also the first year the health department was organized we had about 20 or 30 cases of colitis in Dublin. It has been reduced to a minimum, only 9 deaths in the county in 1925.
>
> Nine hundred and eighteen births and 463 deaths registered in 1925. The birth and death records are a great asset to the county.
>
> We, the grand jury, are unable to express our appreciation for the valuable work rendered by Dr. O. H. Cheek, and the county is very fortunate in having him at the head of the health department, as we consider him second to none in the State. In fact, he has given the people splendid service and his records are found complete in every detail.
>
> Again, we, the grand jury of Laurens County, commend this department for the efficient work done and wish this report to be recorded in the minutes of the clerk of the superior court.

In McKinley County, N. Mex., the health department was remarkably successful in its nutritional work among school children in the session of 1925–26. Milk, cocoa, and sugar to augment school luncheons were furnished by local welfare organizations and individual citizens. One thousand eight hundred and seventy-five pupils were admitted to nutritional classes. All showed a steady

gain in weight, and by the end of April only 65 of them remained undernourished to a sufficient degree to require further special attention.

In Roane County, W. Va., the health department has done some exceedingly good publicity work. Among the measures adopted in the educational campaign was the sending to every school child a Christmas letter which was as follows:

ROANE COUNTY HEALTH DEPARTMENT,
Spencer, W. Va., December 21, 1925.

DEAR ——: We are addressing this letter to you, because this is such a busy time of the year for grown-ups, especially for teachers. We are asking you to show this to your teacher and read it to your schoolmates.

How much we would like to enjoy Christmas with you! This being impossible, we want you to know we are thinking of each of you and wishing you the merriest Christmas you have ever had. We are sure Dear Old Santa Claus will be as good to you as he possibly can. Isn't he the jolly fellow? How we like his smiling face! Sometimes we wonder just what kind of a star would be on his weight chart. He always looks so "Happy," he must surely be "Healthy," no doubt his "Habits" are very good. There they are again, the three "Capital H's" that we like to talk about.

We will soon be through visiting all the schools in Roane County, and will be glad of that, for we want to hurry back to see all the good things you are doing for yourself.

We feel that many of you are "Happily" forming good "Health Habits," such as brushing your teeth, washing your hands with soap at school before dinner, being careful to use individual drinking cups, individual soap or liquid soap, and individual or paper towels, keeping your school floors oiled, helping your teacher keep the flag up when the weather permits, also helping to keep proper ventilation, not forgetting the water on the stove.

Many underweights are trying to catch up with the "Good Weight" boys and girls by bringing milk to drink at school. That's another good habit. Are any of you doing this?

We would like to hear from you. How about those windows to your body? We hope they have been helped and repaired by glasses where needed. Have any one of you taken trips to the Dentist to Save, Save, Save those precious six-year molar teeth? The first four teeth of the second set that are never shed; the four soldiers that stand guard in your mouth to keep the nice, new, shining teeth in regular order when they come, while your baby teeth are shed. Have you looked at them yourself in the looking-glass? After you are six years of age, they come to stay in your mouth unless you let them decay. They are also the foremen of your food-grinding factory, from center front, on each side, upper and lower. The sixth teeth in line are your own little white soldier friends. Look at them often and see what they are doing. Let the dentist save them for you if they should decay.

If any of you have baby brothers or sisters at home, let us know your father's name and address, also the name and age of the baby, so we can send them our baby book.

We wish each of you a Merry, Merry Christmas and a very Happy New Year.

Yours for health,

F. C. MAKEPEACE, M. D.,
County Health Officer, Field Agent, U. S. P. H. S.
CHARLOTTE KUNZE, R. N.,
County Health Nurse.

General Progress in Rural Health Work

Progress in the development of whole-time rural (county) health service in the United States continued in the fiscal year 1926. According to data [17] collected by the rural sanitation office from the State health departments, the number of counties, or equivalent divisions, provided with local health service reaching all rural sections thereof, under the direction of whole-time county or district health officers, was 307 at the beginning of the calendar year 1926 as against 280 at the beginning of the calendar year 1925, 250 at the beginning of the calendar year 1924, 230 at the beginning of the calendar year 1923, 202 at the beginning of the calendar year 1922, 161 at the beginning of the calendar year 1921, and 109 at the beginning of the calendar year 1920. The gain of 198 within this six-year period, though much less than it might have been had means been provided for a larger degree of cooperation from the Federal and State official agencies, is significant.

The prospects are good for a better rate of progress in this vitally important field in the next six years. Our public-health administrators generally now appear convinced that local official health service under the direction of a whole-time local health officer is the most essential element in the development of an adequate system of effective and economical public-health service in the United States, and that most of the work of the Federal and State health agencies should be conducted with and through such local health departments. The principle of cooperative rural health work appears sound in theory and obviously is successful in practice. State health departments in increasing number from year to year are obtaining authorization and appropriations to enable them more nearly to do their due and proportionate part in the development and maintenance of whole-time county health service.

With a view to obtaining some idea of the popular attitude toward the participation of the United States Public Health Service in cooperative rural health work, copies of the report for the fiscal year 1925 were sent to a number of persons in representative positions. Included in the number were Senators and Representatives in Congress, governors of States, presiding officers of State legislatures, State superintendents of schools, presidents of State medical societies, presidents of State bankers' associations, State presidents of national parent-teachers' associations, State presidents of the general federation of women's clubs, district governors of Rotary, Lions, and Kiwanis Internationals, secretaries of chambers of commerce, and presidents and secretaries of national farm organizations. The reports were transmitted with a circular letter requesting an expression of opinion as to whether this activity of the U. S. Public Health

[17] Reprint No. 1079 from Public Health Reports of May 7, 1926.

Service should be continued on the present scale, expanded, contracted, or discontinued. Two hundred and seventeen replies were received. Among them there were only six expressing an attitude of definite opposition to or of serious doubt as to the advisability of participation by the Federal Government in such work. Sixty-four were cordial but noncommittal. One hundred and forty-seven expressed the opinion that the cooperation of the U. S. Public Health Service in rural (county) health work should be continued either on its present or an expanded scale, and of these over two-thirds were definitely favorable to expansion.

Summary

The 89 cooperative projects in the fiscal year ended June 30, 1926, yielded results exceeding in value manyfold the cost of the work. Among the activities and results presented in the tabular statement (pp. 2387 to 2410), to which especial consideration may be given, are the following:

1. Public lectures presenting the principles and details of sanitation to over 402,600 persons.

2. Over 179,400 sanitary inspections of premises, with explanation of findings to occupants or owners of the properties.

3. Physical examination of over 235,000 school children, of whom over 148,000 were found to have incapacitating physical defects, with notification to parents or guardians of defects found.

4. Exclusion from public schools of 12,775 children affected with communicable diseases—such as diphtheria, scarlet fever, measles, whooping cough, scabies, and pediculosis—or presenting evidence of being carriers of the contagions of such diseases. This was brought about through active cooperation of school-teachers with the county health departments, and it must have been a very considerable factor in preventing widespread infection.

5. Thirty-three thousand one hundred and fourteen recorded treatments effecting correction of incapacitating physical defects among school children. These were brought about by written notification of defects found to parents or guardians, follow-up visits to homes of the children, making available proper clinical facilities, and other activities of the county or district health departments.

6. Bringing about treatments for correction of serious physical defects in 1,005 infants and 2,360 preschool children.

7. Treatments to correct iodine deficiency in 3,495 persons in endemic goiter districts.

8. Sixty thousand nine hundred and ninety-seven visits to homes of cases of communicable disease to advise and show the afflicted households how to prevent spread of the infections.

9. Six thousand five hundred and forty-six visits by health nurses to prenatal cases to advise and assist expectant mothers in carrying out hygienic and physiological measures making for healthy mothers and healthy babies.

10. Instruction of 1,529 midwives in cleanly and careful methods.

11. Twenty-eight thousand three hundred and forty-nine infants and children of preschool age examined and over 34,200 home visits by health nurses or health officers to demonstrate hygienic measures for the promotion of the health and the protection of the lives of infants.

12. Eighty thousand nine hundred and twelve persons inoculated for protection against typhoid fever.

13. One hundred and two thousand four hundred and eighty-seven persons vaccinated against smallpox.

14. Twenty-six thousand two hundred and forty-seven children treated with toxin-antitoxin mixture for immunization against diphtheria.

15. Forty-six thousand nine hundred and forty-five cows tuberculin tested, with elimination of reactors from herds, to prevent communication of bovine tuberculosis to persons through the medium of milk.

16. Two thousand three hundred and twenty-two persons treated effectively for relief from hookworm disease and for the prevention of the spread of the infection.

17. Marked reduction in the spread of malaria in hundreds of localities, with an aggregate population of several hundred thousand.

18. Thirty-three thousand four hundred and fifty-one treatments to rid persons of venereal disease infection and prevent the spread of the infection.

19. Special examination of 4,333 persons for tuberculosis, of whom 1,534 were found with an active tubercular process and were advised to place themselves in the care of their private physicians and to carry out hygienic measures. Four hundred and fourteen of the positive cases were sent to institutions maintained in whole or in part for the treatment of tuberculosis.

20. Twenty-two thousand one hundred and forty cases of dangerous communicable diseases quarantined to prevent the spread of infection in the local community, the State, and throughout the country.

21. The installation of 15,439 sanitary privies and 1,877 septic tanks at dwellings where previously there had been either grossly insanitary privies or no toilets of any sort.

22. Eleven thousand nine hundred and sixty-two privies repaired so as again to be of sanitary type.

23. Five thousand nine hundred and thirty-six homes connected for the first time with sanitary sewers.

24. Eight thousand two hundred and thirty-one homes provided with safe water supplies in place of contaminated water supplies.

25. Radical improvement of 592 public milk supplies (the milk from which was being distributed to a considerable extent through the channels of interstate commerce) to prevent the spread, through milk and milk products, of such infections as typhoid fever, scarlet fever, diphtheria, tuberculosis, septic sore throat, and infant diarrhea.

26. Seven thousand six hundred and fifty-six adult persons (most of them over 40 years of age) examined and advised about measures to conserve their health and prolong their lives.

Such activities and results indicate that the plan of the work is both comprehensive and effective. Considered from both a public health and an economic standpoint, the total result of such work stands in importance to our national welfare second to none other obtainable from equivalent investment of public funds.

AUTOMOBILE FATALITIES, JANUARY 3 TO SEPTEMBER 11, 1926

The Department of Commerce announces that according to health officials in 78 principal cities having an aggregate estimated population of 31,878,016, there were 4,162 deaths reported from automobile accidents during the 252 days from January 3 to September 11, 1926. This is an average of over 16 deaths each day and is equivalent to an annual death rate of 18.9 per 100,000 population. Some of the deaths were due to accidents which occurred outside the corporate limits of the cities. The department has been endeavoring to have the officials make separate reports of such deaths. Usually most of the deaths result from accidents occurring within the city. This is especially true as regards the largest cities. Only two of the 663 deaths in New York City, and only 6 of the 435 deaths in Chicago, were caused by accidents outside the city limits. In Washington, D. C., there were 52 automobile fatalities due to accidents in the city, but in addition there were 14 deaths due to accidents that occurred in the adjoining States of Maryland and Virginia. On the other hand, the cities of Albany, Camden, Grand Rapids, Kansas City, Kans., Paterson, and Trenton all had more fatalities from accidents outside the city limits than from accidents within the cities.

There was considerable variation in the number of deaths from month to month. Starting with 431 in the January period, the number fell off to a minimum of 347 in March, increased to 549 for the four weeks ending June 19, was lower for the next two periods, but increased to a maximum of 560 in the period ending September 11.

The larger cities naturally show the greatest numbers of fatalities. The following table ranks 33 of the cities in ascending order accord-

ing to the mortality rate per 100,000 estimated population, due to accidents that occurred within the city limits for the first 36 weeks of this year. Probably this is the fairest way of ranking the cities as regards automobile fatalities. Kansas City, Kans., with an estimated population of 117,000, ranks first, with one fatality and a death rate of 1.2; Indianapolis ranks thirty-third, with 59 fatalities and a death rate of 23.3.

Automobile fatality rates from accidents occurring in 33 cities, January 3–September 11, 1926

City	Annual rate per 100,000 estimated population	City	Annual rate per 100,000 estimated population
Kansas City, Kans.	1.2	Nashville, Tenn.	13.7
Grand Rapids, Mich.	4.6	Syracuse, N. Y.	14.2
Trenton, N. J.	7.6	Washington, D. C.	14.3
Fall River, Mass.	7.7	Camden, N. J.	15.5
Paterson, N. J.	8.1	New York City	16.2
Jersey City, N. J.	9.1	Springfield, Mass.	17.0
Norfolk, Va.	10.0	New Haven, Conn.	17.5
Minneapolis, Minn.	10.0	Oakland, Calif.	17.8
El Paso, Tex.	10.6	Kansas City, Mo.	17.8
Richmond, Va.	10.7	San Francisco, Calif.	17.9
Lynn, Mass.	11.1	St. Louis, Mo.	19.5
Fort Worth, Tex.	11.8	Chicago, Ill.	20.4
Albany, N. Y.	12.2	Dallas, Tex.	21.0
Denver, Colo.	12.7	San Diego, Calif.	22.4
Baltimore, Md.	12.7	Duluth, Minn.	23.1
Boston, Mass.	12.9	Indianapolis, Ind.	23.3
Birmingham, Ala.	13.0		

EPIDEMIC OF TYPHOID FEVER CAUSED BY A "CARRIER" FOOD HANDLER

An interesting report on an epidemic of typhoid fever in Eaton Rapids, Mich., occurring in the latter part of 1925 and attributed to a typhoid bacilli carrier, is presented by Dr. George H. Ramsey and Dr. C. H. Benning in the American Journal of Public Health for October.

The epidemic followed a church dinner served at Eaton Rapids on November 18, 1925. Of 250 dinner guests 35 were attacked with typical and severe typhoid fever. There were 6 deaths. After a thorough investigation the outbreak was attributed to the eating of squash prepared by a typhoid carrier, whose urine and feces were found positive for typhoid bacilli, but who gave a negative Widal reaction.

The history of the carrier revealed that she had suffered an attack of typhoid fever in 1900, when she was 48 years of age. Four of the five other members of the family had the disease at the same time. The fifth member had had typhoid about nine years before this family outbreak. A son's wife who came to live with her mother-in-law a few years later developed typhoid fever, this being

the only case found associated with the carrier. That there were not more known cases attributed to this source is held due to the fact that all members of the family had had typhoid and that the carrier had lived in isolated residence on a farm. The dinner was the first of such occasions to which she had contributed since she had left the farm and moved into Eaton Rapids.

The epidemiological and laboratory evidence seems to warrant the conclusion that the source of outbreak which occurred among persons partaking of the church dinner was the squash which was prepared by the typhoid carrier.

The investigators report a mean incubation period for the epidemic of 13 days.

COMMUNITY ACTIVITIES FOR ABATEMENT OF LOCAL MOSQUITO NUISANCE

The Public Health Service received, on August 10, 1926, a letter from a resident of a small city located in a hilly section about 75 miles from Washington, D. C., asking for information about measures to abate a local mosquito nuisance, which was described as very irksome. Literature on the subject of mosquito prevention was sent and the letter was referred to Senior Sanitary Engineer J. A. Le Prince, United States Public Health Service, for suggestions about practicable, detailed procedure under the local conditions. As Mr. Le Prince's reply presents, in a plain manner, suggestions which may be useful to health officers and others concerned with mosquito prevention in many other localities, it is printed below:

NATIONAL MALARIA COMMITTEE,
Jackson, Miss., August 31, 1926.

DEAR SIR: Your letter of August 9 to the Public Health Service has been referred to me for suggestions about detailed procedure under your local conditions.

You ask the old question, "What can we do?" And the answer is, "You must definitely decide that the mosquito must go." Not only you but a majority of the citizens must so decide and insist on freedom from mosquitoes. If you have not already done so, you could hold a meeting of influential citizens who are particularly attractive to pestiferous mosquitoes and decide what you are going to do about it. There are usually three stages of progress at such a meeting.

First. When the reception committee is particularly annoying and equally interested in the puncturing process, we say anything from "Oh my," to "D——."

Second. We swear somebody ought to do something about it.

Third. We swear we are going to do something about it ourselves—and right now.

If a sufficient number of your citizens who are sick of existing conditions can be brought into the third stage, then you win.

You should know what kind or kinds of mosquitoes are annoying your community. Collect some and send them in a pill box to Dr. L. O. Howard, division of entomology, Department of Agriculture, Washington, D. C.

If your mosquito is *Culex* (as it probably is in your locality), then it is coming from man-made water containers that catch and hold rain water. These may be auto tires, barrels, roof gutters, or anything else that will hold rain water. The most usual place of deposit is the back yard.

Waters containing house wastes or sewage, such as small streams or natural drainage valleys, also may serve as breeding places. Learn how to locate such places. Take a tin dipper with you and dip at the grassy edges of the water and you will find the wiggle tails if they are in any natural water courses. They gather in collections of floatage, and the richer the contamination of the water the more numerous the larvæ. There may be only one principal natural source of this sort or there may be dozens within mosquito flight range of your homes.

It's not the mosquitoes' fault; it's our fault for creating ideal breeding places for mosquito production and then cussing them for being with us.

Some mosquitoes under certain conditions live several months and females of certain species hibernate in winter season. The average life of most mosquitoes, however, is about two weeks. This is determined by noting that within about two weeks after the breeding places are eliminated mosquitoes are difficult to find. If destruction of the assumed principal source brings no results, rest assured you have missed locating the water that is producing the mosquitoes that are pestering you.

Ordinarily the pestiferous species of *Culex* travel less than a half mile; but when a sewage-carrying stream becomes stagnant so as to breed many millions of *Culex* mosquitoes, they then range out as far as a mile from the place of origin. Sewage settling basins often produce a similar condition.

It is generally a good plan to look for sewage-contaminated water when an invasion of *Culex* occurs. Follow the natural drainage valleys.

There is no practicable economical way of catching a sufficient number of the existing mosquitoes to produce relief. Elimination at the source or sources of supply is the proper procedure.

Regarding the house-yard problem, if we make Saturday mosquito day and have the mother of the family send the school children out into the back yards at 9 a. m. sharp each Saturday to look for water containers and turn them all upside down, that will settle the house-yard problem.

In Chicago last summer an inspection of the homes showed 40 per cent of the families raising their own mosquito supply. At West Point, Miss., the fire siren blows at 9 a. m. each Saturday morning, not to wake up the mosquitoes, but to wake up the kiddies who have forgotten to inspect the back yard for water containers with their mosquito larvæ.

If a quart jam jar with mosquito larvæ in 3 inches of water and the top covered with mosquito netting is placed in the school where all children can see the larvæ change into pupæ and then into mosquitoes, the children will become interested.

Also, if the children make some mosquito posters, with three prizes from the chamber of commerce for the best funny ones, you can use them in the town store windows next spring when you open your campaign. The objective is to sell the "freedom from mosquitoes" idea to the chamber of commerce and make the members think it is their idea, and to have a mosquito inspector in every family.

Twelve boy scouts can be taught in 20 minutes how to find mosquito wiggle tails in water containers. They can then inspect 300 house yards in one afternoon and inform you of the percentage of households in your community which prefer raising mosquitoes to raising flowers. Your local paper might desire to spread this news item. The boy scouts could use a few bugles in place of the fire siren on Saturday mornings next year, and the local papers could explain what all the row is about.

The time to eliminate the 1927 mosquito crop is when school opens in September, 1926.

Waste oil from the garages, thinned with a little kerosene, used as a thin film on puddles, in stream heads, and on other prolific sources of mosquitoes three or four times a month will stop mosquito production. Apply the film of oil only where larvæ are present.

You must expect plenty of adverse criticism when operations are started, but this criticism will die a natural death, and the knockers will then tell you "We did it"—after you have freedom from mosquitoes.

Sincerely yours, J. A. LEPRINCE.

PUBLIC HEALTH ENGINEERING ABSTRACTS

Water Purification for Small Cities. H. V. Pedersen, sanitary engineer, State Board of Health, Des Moines, Iowa. *Journal American Water Works Association*, vol. 15, No. 5, May, 1926, pp. 549–553. (Abstract by Sol Pincus.)

The reluctance of the small city to give consideration to the development of a surface water supply with purification, after the earlier shallow-well stage is outgrown, is presented in this paper. A predilection to ground water supplies is generally shown by the council of the small cities, due largely to the fear of the high cost of operation and expert attention required for the purification plant. The author presents cases where far more satisfactory supplies of greater sanitary safety and soft quality were obtained by using a surface source and filtration plant. In one example cited the total cost of filtration plant and chlorinator for a city of 1,500 population was $11,000.

The author holds that competent operators for the small water-purification plant can generally be readily developed locally if the city will only provide a fair salary.

History of a Typhoid Carrier. Anon. *Public Health News*, vol. 11, Nos. 5 and 6, April–May, 1926, pp. 143–144. (Abstract by W. W. White.)

The history of a man is given who was known to be a carrier of typhoid fever at Cranbury, N. J. Forty cases and three deaths in which milk was found to be the vector of infection were first reported in August, 1915. In March and April of the same year, 20 cases occurred among users of milk from the dairy where this man was employed.

In 1916 this typhoid carrier was found working on a farm near Princeton Junction, where an investigation was made regarding an outbreak of typhoid. His discovery led to his again losing his job. In 1917 an epidemic of 13 cases at Bordentown was caused by the same carrier, after which he disappeared until 1921. Unable to get work on account of his reputation, he was given a position with the New Jersey State Laboratory. He died February 22, 1926. His history showed that he had typhoid in 1884. The number of cases he caused before 1915 is unknown. Since that time he is known to have been the source of infection of 77 cases with 4 deaths.

Malaria in New England. M. J. Quinn. *Boston Medical and Surgical Journal*, vol. 194, 1926, pp. 244–247. (18 refs.) (Abstract by J. F. C. H.). From *Bulletin of Hygiene*, vol. 1, No. 7, July, 1926, p. 563.

"A survey of malaria in New England from 1634 to the present day. The disease is still endemic in southern New England and probably more common generally than available statistics indicate. It is probable that *Anopheles* can be found in this State at all levels below 2,000 feet."

Observations on the Emergence of Anopheles Mosquitoes. G. H. Bradley. *The American Journal of Tropical Medicine*, vol. 6, No. 4, July, 1926, pp. 283–298. (Abstract by L. D. Fricks.)

The author here reports a series of observations conducted during the years 1921, 1922, and 1924, around Mound, La., on the rate of emergence of *Anopheles* per unit of area in selected breeding places, and also compares these rates with similar observations of *Anopheles* emergence as reported from other parts of the world.

Nets of known size were placed over the selected water surfaces and daily collections of adults found inside the nets were made. A total of 904.9 square yards of water surface was covered by nets, and 585 *Anopheles* were collected, giving an average daily emergence of 0.653 per square yard. An increase in the number of larvae present in selected areas did not cause a proportionate increase in the rate of emergence. This may have resulted from scarcity of food or activity of larvae enemies. Of the *Anopheles* which emerged, females were somewhat greater in numbers than males; 516 females to 461 males in the total catch.

Examination for Entrance into the Regular Corps of the Public Health Service

Examinations of candidates for entrance into the Regular Corps of the United States Public Health Service will be held at the following-named places on the dates specified:

Washington, D. C.	Dec. 6, 1926.
Chicago, Ill.	Dec. 6, 1926.
New Orleans, La.	Dec. 6, 1926.
San Francisco, Calif.	Dec. 6, 1926.

Candidates must be not less than 23 nor more than 32 years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily oral, written, and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C.

DEATHS DURING WEEK ENDED OCTOBER 9, 1926

Summary of information received by telegraph from industrial insurance companies for week ended October 9, 1926, and corresponding week of 1925. (From the Weekly Health Index, October 13, 1926, issued by the Bureau of the Census, Department of Commerce.)

	Week ended Oct. 9, 1926	Corresponding week, 1925
Policies in force	38, 196, 497	61, 295, 734
Number of death claims	6, 400	9, 559
Death claims per 1,000 policies in force, annual rate	8. 7	8. 1

Deaths from all causes in certain large cities of the United States during the week ended October 9, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, October 13, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Oct. 9, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Oct. 9, 1926 [2]
	Total deaths	Death rate [1]		Week ended Oct. 9, 1926	Corresponding week 1925	
Total (66 cities)	6,342	11.4	11.1	818	843	[3] 67
Akron	25			4	6	43
Albany [4]	33	14.5	14.2	5	1	104
Atlanta	59			11	3	
White	29			7		
Colored	30	(5)		4		
Baltimore [4]	185	11.9	11.3	24	24	73
White	135			17		64
Colored	50	(5)		7		112
Birmingham	48	11.9	11.9	10	6	
White	25			5		
Colored	23	(5)		5		
Boston	212	14.0	14.3	43	41	120
Bridgeport	31			8	3	136
Buffalo	131	12.6	13.2	18	26	57
Cambridge	39	16.7	9.6	4	5	71
Camden	35	13.9	10.1	6	4	101
Canton	13	6.2	10.8	4	7	88
Chicago [4]	607	10.4	9.2	59	78	52
Cincinnati	141	17.9	15.5	19	24	118
Cleveland	177	9.6	8.4	25	22	65
Columbus	72	13.2	13.0	17	7	159
Dallas	50	13.0	11.3	10	7	
White	35			9		
Colored	15	(5)		1		
Dayton	39	11.5	7.5	6	5	99
Denver	71	13.0	13.5	10	7	
Des Moines	29	10.4	10.0	1	4	17
Detroit	256	10.3	11.1	37	42	60
Duluth	24	11.1	10.9	5	2	116
El Paso	27	12.9	12.9	3	6	
Erie	23			3	2	59
Fall River [4]	25	10.0	10.5	8	5	125
Flint	30	11.4	6.0	10	6	169
Fort Worth	25	8.2	7.9	4	3	
White	21			3		
Colored	4	(5)		1		
Grand Rapids	36	12.0	10.2	6	11	86
Houston	40			3	4	
White	23			2		
Colored	17	(5)		1		
Indianapolis	92	13.1	11.3	14	9	106
White	79			11		96
Colored	13	(5)		3		172
Jersey City	63	10.3	9.6	4	12	30
Kansas City, Kans	27	12.0	9.4	7	2	136
White	20			4		89
Colored	7	(5)		3		456
Kansas City, Mo	108	15.0	12.8	18	9	
Los Angeles	214			22	18	61

(Footnotes at end of table.)

Deaths from all causes in certain large cities of the United States during the week ended October 9, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925—Continued

City	Week ended Oct. 9, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Oct. 9, 1926 [2]
	Total deaths	Death rate [1]		Week ended Oct. 9, 1926	Corresponding 1925	
Louisville	76	12.7	11.7	13	6	111
White	52			10		97
Colored	24	(3)		3		210
Lowell	29			4	1	77
Lynn	22	11.0	6.1	3	2	79
Memphis	77	22.7	14.6	8	8	
White	36			6		
Colored	41	(3)		2		
Milwaukee	98	9.9	10.6	6	17	28
Minneapolis	105	12.6	8.9	11	10	61
Nashville [4]	38	14.5	12.6	3	4	
White	29			3		
Colored	9	(3)		0		
New Bedford	32			7	3	121
New Haven	39	11.2	13.4	4	5	55
New Orleans	128	15.9	19.9	14	25	
White	63			6		
Colored	65	(3)		8		
New York	1,158	10.2	10.9	123	134	50
Bronx Borough	121	7.6	7.7	12	9	40
Brooklyn Borough	400	9.3	9.4	39	52	40
Manhattan Borough	493	13.7	14.4	55	63	61
Queens Borough	112	7.6	8.9	12	5	55
Richmond Borough	32	11.7	15.5	5	3	88
Newark, N. J	103	11.7	9.9	20	15	96
Norfolk	22	6.6	9.2	3	3	61
White	9			1		33
Colored	13	(3)		2		106
Oakland	57	11.4	10.1	6	5	70
Oklahoma City	31			5	1	
Omaha	43	10.4	12.6	5	7	53
Paterson	25	9.1	14.0	1	2	17
Philadelphia	438	11.4	11.2	55	57	73
Pittsburgh	135	11.1	10.7	25	23	83
Portland, Oreg	66			6	6	60
Providence	45	8.5	10.7	4	6	33
Richmond	45	12.4	12.9	5	13	62
White	24			2		39
Colored	21	(3)		3		104
Rochester	71	11.5	9.1	10	8	79
St. Louis	174	10.9	11.2	23	13	
St. Paul	53	11.1	11.2	2	5	18
Salt Lake City [4]	27	10.6	12.7	2	2	30
San Antonio	40	10.2	13.2	13	9	
San Diego	32	15.2	16.7	3	3	64
San Francisco	156	14.3	12.2	4	5	24
Schenectady	25	14.0	9.6	3	3	86
Seattle	67			4	4	39
Somerville	16	8.3	8.4	2	6	57
Spokane	32	15.3	13.4	3	3	70
Springfield, Mass	28	10.1	11.4	3	5	46
Syracuse	44	12.5	10.6	4	5	51
Tacoma	15	7.4	15.0	1	6	24
Toledo	59	10.5	11.6	13	17	125
Trenton	36	14.0	14.6	5	5	85
Utica	19	9.6	13.9	6	2	137
Washington, D. C	125	12.3	10.5	16	13	92
White	80			10		83
Colored	45	(4)		6		109
Waterbury	23			1	5	24
Wilmington, Del	28	11.8	8.1	4	3	89
Worcester	60	16.2	11.2	5	4	60
Yonkers	22	9.9	9.6	5	3	113
Youngstown	31	9.8	9.1	5	5	63

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.
[3] Data for 64 cities.
[4] Deaths for week ended Friday, October 8, 1926.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Indianapolis 11, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended October 16, 1926

ALABAMA

	Cases
Dengue	1
Diphtheria	79
Influenza	23
Malaria	141
Measles	17
Mumps	4
Ophthalmia neonatorum	1
Pellagra	4
Pneumonia	24
Poliomyelitis	3
Scarlet fever	31
Smallpox	4
Tetanus	5
Tuberculosis	170
Typhoid fever	95
Typhus fever	3
Whooping cough	51

ARIZONA

Diphtheria	4
Measles	25
Mumps	6
Scarlet fever	14
Tuberculosis	16
Typhoid fever	5
Whooping cough	1

ARKANSAS

Chicken pox	10
Diphtheria	8
Hookworm disease	1
Influenza	44
Malaria	124
Measles	2
Mumps	6
Pellagra	4
Poliomyelitis	2
Scarlet fever	6
Tuberculosis	13
Typhoid fever	46
Whooping cough	27

CALIFORNIA

	Cases
Cerebrospinal meningitis:	
Fresno	1
Oakland	1
Chicken pox	108
Diphtheria	110
Influenza	15
Lethargic encephalitis	2
Measles	406
Poliomyelitis:	
Berkeley	1
Burbank	1
Los Angeles County	1
Scarlet fever	145
Smallpox	16
Tuberculosis	115
Typhoid fever	18
Typhus fever	1
Whooping cough	52

COLORADO

Chicken pox	6
Diphtheria	12
Hookworm disease	1
Measles	4
Paratyphoid fever	1
Pneumonia	3
Poliomyelitis	1
Scarlet fever	33
Tuberculosis	11
Typhoid fever	8
Whooping cough	3

CONNECTICUT

Chicken pox	27
Diphtheria	33
German measles	2
Influenza	2
Malaria	1
Measles	10
Mumps	5
Pneumonia (broncho)	14

CONNECTICUT—continued

	Cases
Pneumonia (lobar)	22
Poliomyelitis	2
Scarlet fever	23
Septic sore throat	15
Trachoma	1
Tuberculosis (pulmonary)	22
Typhoid fever	4
Whooping cough	22

DELAWARE

Diphtheria	1
Scarlet fever	4
Tuberculosis	2
Typhoid fever	6

FLORIDA

Chicken pox	1
Diphtheria	37
German measles	2
Influenza	3
Malaria	13
Mumps	3
Pneumonia	4
Scarlet fever	9
Smallpox	13
Tetanus	1
Tuberculosis	8
Typhoid fever	14
Vincent's angina	1
Whooping cough	12

GEORGIA

Chicken pox	4
Conjunctivitis (acute)	3
Diphtheria	86
Dysentery	6
Hookworm disease	10
Influenza	58
Malaria	128
Measles	4
Mumps	12
Pellagra	2
Pneumonia	16
Scarlet fever	22
Septic sore throat	26
Smallpox	1
Tuberculosis	7
Typhoid fever	49
Typhus fever	2
Whooping cough	10

IDAHO

Chicken pox	5
Diphtheria	5
Measles	4
Scarlet fever	16
Typhoid fever	3
Whooping cough	6

ILLINOIS

Cerebrospinal meningitis:	
Cook County	1
Iroquois County	1
Winnebago County	1
Chicken pox	197
Diphtheria	110
Influenza	14

ILLINOIS—continued

	Cases
Lethargic encephalitis—Cook County	1
Measles	160
Mumps	22
Pneumonia	150
Poliomyelitis:	
Cook County	3
Henry County	1
Macon County	1
Richland County	1
Scarlet fever	176
Smallpox	1
Tuberculosis	284
Typhoid fever	74
Whooping cough	156

INDIANA

Cerebrospinal meningitis	2
Chicken pox	55
Diphtheria	129
Influenza	9
Measles	38
Mumps	1
Pneumonia	3
Poliomyelitis	3
Scarlet fever	86
Smallpox	14
Tuberculosis	29
Typhoid fever	49
Whooping cough	44

IOWA

Cerebrospinal meningitis	1
Chicken pox	21
Diphtheria	19
German measles	1
Measles	2
Mumps	1
Pneumonia	1
Scarlet fever	55
Smallpox	2
Tuberculosis	6
Typhoid fever	3
Whooping cough	8

KANSAS

Chicken pox	40
Diphtheria	27
German measles	2
Influenza	1
Lethargic encephalitis	2
Measles	56
Mumps	2
Pneumonia	12
Poliomyelitis:	
Haven	1
Horton	1
Marysville	2
Wichita	1
Scarlet fever	67
Smallpox	4
Tetanus	1
Tuberculosis	28
Typhoid fever	25
Whooping cough	33

LOUISIANA

	Cases
Diphtheria	24
Influenza	11
Lethargic encephalitis	1
Malaria	28
Pneumonia	22
Scarlet fever	15
Tuberculosis	42
Typhoid fever	16

MAINE

Chicken pox	18
Conjunctivitis	1
Diphtheria	6
Measles	32
Mumps	4
Pneumonia	3
Scarlet fever	31
Tuberculosis	7
Typhoid fever	6
Whooping cough	15

MARYLAND [1]

Chicken pox	27
Diphtheria	46
Dysentery	8
Impetigo contagiosa	1
Influenza	23
Malaria	1
Measles	4
Mumps	27
Paratyphoid fever	6
Pneumonia (broncho)	15
Pneumonia (lobar)	8
Poliomyelitis	1
Scarlet fever	52
Tetanus	1
Tuberculosis	38
Typhoid fever	50
Whooping cough	42

MASSACHUSETTS

Chicken pox	103
Conjunctivitis (suppurative)	3
Diphtheria	58
German measles	10
Influenza	5
Lethargic encephalitis	2
Measles	22
Mumps	61
Ophthalmia neonatorum	41
Pneumonia (lobar)	48
Poliomyelitis	3
Scarlet fever	130
Septic sore throat	1
Tuberculosis (pulmonary)	74
Tuberculosis (other forms)	15
Typhoid fever	19
Whooping cough	69

MICHIGAN

Diphtheria	216
Measles	34
Pneumonia	59
Scarlet fever	158
Smallpox	5
Tuberculosis	114
Typhoid fever	24
Whooping cough	89

[1] Week ended Friday.

MINNESOTA

	Cases
Chicken pox	59
Diphtheria	57
Influenza	3
Malaria	1
Measles	38
Pneumonia	2
Poliomyelitis	2
Scarlet fever	226
Smallpox	3
Trachoma	1
Tuberculosis	53
Typhoid fever	13
Whooping cough	28

MISSOURI

Cerebrospinal meningitis	1
Chicken pox	22
Diphtheria	66
Influenza	6
Malaria	2
Measles	37
Mumps	4
Ophthalmia neonatorum	1
Pneumonia	7
Poliomyelitis	1
Scarlet fever	75
Smallpox	2
Tuberculosis	51
Typhoid fever	30
Whooping cough	33

MONTANA

Cerebrospinal meningitis	3
Chicken pox	16
Diphtheria	1
Measles	25
Scarlet fever	46
Tuberculosis	8
Typhoid fever	2
Whooping cough	5

NEBRASKA

Cerebrospinal meningitis	1
Chicken pox	17
Diphtheria	7
Measles	1
Mumps	3
Pneumonia	1
Scarlet fever	22
Smallpox	5
Tuberculosis	8
Typhoid fever	2
Whooping cough	12

NEW JERSEY

Cerebrospinal meningitis	2
Chicken pox	37
Diphtheria	82
Measles	16
Pneumonia	49
Poliomyelitis	1
Scarlet fever	65
Trachoma	1
Typhoid fever	25
Whooping cough	80

NEW YORK

(Exclusive of New York City)

	Cases
Chicken pox	95
Diphtheria	61
German measles	19
Malaria	6
Measles	101
Mumps	24
Paratyphoid fever	1
Pneumonia	114
Poliomyelitis	20
Scarlet fever	60
Tetanus	1
Trachoma	2
Typhoid fever	31
Vincent's angina	4
Whooping cough	149

NORTH CAROLINA

Cerebrospinal meningitis	1
Chicken pox	6
Diphtheria	173
Dysentery (bacillary)	1
German measles	5
Malaria	17
Measles	15
Ophthalmia neonatorum	1
Poliomyelitis	5
Scarlet fever	83
Septic sore throat	3
Smallpox	7
Typhoid fever	59
Whooping cough	91

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

Cerebrospinal meningitis:	
Jefferson County	1
Love County	1
Diphtheria	44
Influenza	82
Malaria	163
Measles	10
Pellagra	7
Pneumonia	26
Poliomyelitis:	
Love County	1
Tulsa County	1
Scarlet fever	38
Smallpox	2
Typhoid fever	128
Whooping cough	14

OREGON

Cerebrospinal meningitis	3
Chicken pox	19
Diphtheria	7
Influenza	10
Measles	17
Mumps	7
Pneumonia	[1] 7
Poliomyelitis	1
Scarlet fever	51
Smallpox	10
Tuberculosis	11
Typhoid fever	13
Whooping cough	6

[1] Deaths.

PENNSYLVANIA

	Cases
Anthrax—Bridgeport	1
Cerebrospinal meningitis:	
Carbondale	1
East Brandywine Township [1]	1
Johnstown	1
Turtle Creek	1
Chicken pox	222
Diphtheria	196
German measles	29
Impetigo contagiosa	26
Lethargic encephalitis—York	1
Measles	268
Mumps	28
Ophthalmia neonatorum—Philadelphia	3
Pellagra—Philadelphia	1
Pneumonia	19
Poliomyelitis:	
Clintonville	2
Erie	1
Freedom	4
Johnstown	1
Scattering	4
Scabies	8
Scarlet fever	209
Tetanus—Harrisburg	1
Trachoma—Altoona	1
Tuberculosis	101
Typhoid fever	99
Whooping cough	241

SOUTH DAKOTA

Chicken pox	4
Diphtheria	3
Measles	69
Scarlet fever	17
Smallpox	2
Trachoma	2
Typhoid fever	1
Whooping cough	13

TENNESSEE

Cerebrospinal meningitis:	
Davidson County	1
Nashville	1
Chicken pox	10
Diphtheria	96
Dysentery	3
Influenza	24
Malaria	60
Measles	1
Mumps	1
Ophthalmia neonatorum	2
Pellagra	5
Pneumonia	21
Rabies	1
Scarlet fever	66
Smallpox	1
Tuberculosis	35
Typhoid fever	131
Whooping cough	88

TEXAS

Chicken pox	3
Diphtheria	58
Influenza	15
Mumps	28

[1] County not specified.

TEXAS—continued

	Cases
Paratyphoid fever	3
Pellagra	2
Pneumonia	3
Scarlet fever	25
Smallpox	4
Tuberculosis	20
Typhoid fever	19
Whooping cough	5

UTAH

Chicken pox	13
Diphtheria	7
German measles	3
Influenza	5
Measles	58
Pneumonia	1
Scarlet fever	3
Smallpox	4
Typhoid fever	4
Whooping cough	9

VERMONT

Chicken pox	7
Diphtheria	2
Measles	49
Mumps	2
Scarlet fever	4
Whooping cough	21

WASHINGTON

Cerebrospinal meningitis:	
King County	1
Seattle	1
Chicken pox	69
Diphtheria	41
Measles	11
Mumps	23
Poliomyelitis	1
Scarlet fever	71
Smallpox	17
Tuberculosis	5
Typhoid fever	7
Whooping cough	8

WEST VIRGINIA

Chicken pox	15
Diphtheria	38
Influenza	7

WEST VIRGINIA—continued

	Cases
Measles	15
Scarlet fever	60
Smallpox	2
Tuberculosis	31
Typhoid fever	81
Whooping cough	69

WISCONSIN

Milwaukee:	
Chicken pox	36
Diphtheria	17
German measles	1
Measles	5
Mumps	13
Pneumonia	16
Scarlet fever	18
Tuberculosis	18
Whooping cough	46
Scattering:	
Cerebrospinal meningitis	2
Chicken pox	31
Diphtheria	35
German measles	3
Influenza	13
Measles	111
Mumps	8
Pneumonia	7
Poliomyelitis	3
Scarlet fever	48
Smallpox	2
Tuberculosis	11
Typhoid fever	7
Whooping cough	102

WYOMING

Chicken pox	1
Measles	15
Mumps	1
Pneumonia (lobar)	1
Poliomyelitis—Converse County	1
Rabies (human)—Natrona County	1
Scarlet fever	3
Septic sore throat	1
Tuberculosis	1
Tularemia	2
Typhoid fever	1
Typhus fever	2
Whooping cough	6

Reports for Week Ended October 9, 1926

ARIZONA

	Cases
Diphtheria	1
Measles	1
Mumps	3
Scarlet fever	7
Trachoma	82
Tuberculosis	30

CALIFORNIA

Cerebrospinal meningitis:	
Sacramento	1
San Francisco	1
Chicken pox	105

CALIFORNIA—continued

	Cases
Diphtheria	143
Influenza	18
Leprosy—Los Angeles	2
Measles	355
Poliomyelitis:	
Burbank	1
Glendale	1
Los Angeles	1
Scarlet fever	129
Smallpox	11
Tuberculosis	172
Typhoid fever	14
Whooping cough	47

DISTRICT OF COLUMBIA

	Cases
Chicken pox	1
Diphtheria	25
Influenza	2
Measles	2
Pneumonia	11
Scarlet fever	10
Tuberculosis	33
Typhoid fever	3
Whooping cough	3

NORTH DAKOTA

Chicken pox	15
Diphtheria	3
Measles	18
Mumps	4
Pneumonia	1
Poliomyelitis	2
Scarlet fever	37
Smallpox	2
Trachoma	1
Tuberculosis	1
Typhoid fever	1
Whooping cough	25

NORTH DAKOTA—continued

SOUTH CAROLINA

Chicken pox	14
Dengue	18
Diphtheria	81
Hookworm disease	31
Influenza	259
Malaria	630
Measles	1
Paratyphoid fever	4
Pellagra	54
Poliomyelitis	4
Scarlet fever	23
Smallpox	1
Tuberculosis	45
Typhoid fever	75
Whooping cough	48

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
September, 1926										
Georgia	------	165	64	284	21	12	2	37	20	339
Iowa	2	45	------	------	20	------	8	60	10	9
Massachusetts	11	209	30	3	70	2	59	353	0	51
New Jersey	3	173	3	2	36	------	12	174	0	138
North Dakota	------	6	------	------	24	------	3	104	16	14
Tennessee	2	140	43	376	25	25	8	130	7	881
Wisconsin	4	117	55	------	381	------	8	198	19	43

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended October 2, 1926, 38 States reported 1,421 cases of diphtheria. For the week ended October 3, 1925, the same States reported 1,426 cases of this disease. One hundred cities, situated in all parts of the country and having an aggregate population of more than 30,350,000, reported 744 cases of diphtheria for the week ended October 2, 1926. Last year for the corresponding week they reported 661 cases. The estimated expectancy for these cities was 912 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-seven States reported 856 cases of measles for the week ended October 2, 1926, and 433 cases of this disease for the week ended October 3, 1925. One hundred cities reported 212 cases of measles for the week this year, and 224 cases last year

Poliomyelitis.—The health officers of 37 States reported 79 cases of poliomyelitis for the week ended October 2, 1926. The same States reported 262 cases for the week ended October 3, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-eight States—this year, 1,533 cases; last year, 1,174 cases; 100 cities—this year, 584 cases; last year, 493 cases; estimated expectancy, 492 cases.

Smallpox.—For the week ended October 2, 1926, 38 States reported 70 cases of smallpox. Last year for the corresponding week they reported 70 cases. One hundred cities reported smallpox for the week as follows: 1926, 6 cases; 1925, 11 cases; estimated expectancy, 17 cases. No deaths from smallpox were reported by these cities for the week this year.

Typhoid fever.—One thousand one hundred and eighty-three cases of typhoid fever were reported for the week ended October 2, 1926, by 38 States. For the corresponding week of 1925, the same States reported 1,132 cases of this disease. One hundred cities reported 246 cases of typhoid fever for the week this year and 222 cases for the corresponding week last year. The estimated expectancy for these cities was 218 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 94 cities, with a population of more than 29,690,000, as follows: 1926, 427 deaths; 1925, 367 deaths.

City reports for week ended October 2, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	0	1	1	0	0	2	0	4
New Hampshire:									
Concord	22,546	0	1	0	0	1	0	0	2
Manchester	83,097	----	4	0	0	0	0	----	0
Vermont:									
Barre	10,008	1	0	0	0	0	0	0	0
Massachusetts:									
Boston	779,620	10	38	17	6	0	4	16	13
Fall River	128,993	0	4	3	0	0	0	0	2
Springfield	142,065	0	3	1	0	0	0	2	0
Worcester	190,757	8	5	3	0	0	0	0	3

City reports for week ended October 2, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND—con.									
Rhode Island:									
Pawtucket	69,760	2	1	0	0	0	0	0	0
Providence	267,918	0	5	1	2	0	1	0	3
Connecticut:									
Bridgeport	(1)	0	8	2	0	0	1	0	3
Hartford	160,197	2	6	0	0	0	1	0	5
New Haven	178,927	0	3	0	0	0	0	0	2
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	11	18	5	-------	0	3	0	5
New York	5,873,356	0	118	102	11	4	9	22	88
Rochester	316,786	2	8	3	-------	0	1	0	7
Syracuse	182,003	0	7	2	-------	0	3	1	1
New Jersey:									
Camden	128,642	1	4	1	0	0	0	0	1
Newark	452,513	4	12	6	0	0	0	1	4
Trenton	132,020	0	4	1	0	0	0	0	0
Pennsylvania:									
Philadelphia	1,979,364	8	51	37	-------	1	2	4	26
Pittsburgh	631,563	15	23	6	-------	0	3	0	10
Reading	112,707	3	3	0	-------	0	0	0	1
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	0	14	3	0	0	0	5	3
Cleveland	936,485	19	37	32	1	0	1	1	10
Columbus	279,836	0	6	3	0	2	0	0	3
Toledo	287,380	1	13	7	0	2	2	0	3
Indiana:									
Fort Wayne	97,846	1	3	1	0	0	0	0	2
Indianapolis	358,819	13	12	15	0	0	0	0	7
South Bend	80,091	0	1	2	0	0	0	0	1
Terre Haute	71,071	0	1	0	0	1	0	0	1
Illinois:									
Chicago	2,995,239	18	101	49	10	3	26	4	35
Peoria	81,564	0	2	0	0	0	8	0	1
Springfield	63,923	1	2	0	0	0	2	0	1
Michigan:									
Detroit	1,245,824	11	46	69	3	1	1	6	14
Flint	130,316	10	10	4	0	0	0	0	1
Grand Rapids	153,698	3	4	5	0	1	0	0	0
Wisconsin:									
Kenosha	50,891	0	1	0	0	0	3	0	0
Madison	46,385	0	1	4	0	0	1	0	0
Milwaukee	509,192	11	18	10	0	0	1	6	7
Racine	67,707	4	1	0	0	0	3	1	0
Superior	39,671	-------	1	-------	-------	-------	-------	-------	-------
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	7	2	0	0	0	4	0	2
Minneapolis	425,435	9	26	28	0	0	0	2	6
St. Paul	246,001	3	18	11	0	0	0	0	8
Iowa:									
Davenport	52,469	0	2	0	0	-------	0	0	-------
Des Moines	141,441	0	7	3	0	-------	0	0	-------
Sioux City	76,411	0	2	4	0	-------	0	2	-------
Waterloo	36,771	5	0	0	0	-------	0	2	-------
Missouri:									
Kansas City	367,481	3	9	0	1	0	0	1	7
St. Joseph	78,342	0	3	0	0	0	0	0	1
St. Louis	821,543	6	32	26	0	0	1	0	-------
North Dakota:									
Fargo	26,403	2	0	1	0	0	0	6	0
Grand Forks	14,811	0	1	0	0	-------	0	0	-------
South Dakota:								0	
Aberdeen	15,036	0	0	0	0	-------	0	0	-------
Sioux Falls	30,127	0	1	1	0	0	0	0	0
Nebraska:									
Lincoln	60,941	0	0	0	0	0	0	0	0
Omaha	211,768	2	15	0	0	0	0	1	5
Kansas:									
Topeka	55,411	0	1	1	0	0	0	0	0
Wichita	88,367	2	2	0	0	0	0	0	4

[1] No estimate made.

City reports for week ended October 2, 1926—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	0	1	1	0	0	0	0	1
Maryland:									
Baltimore	796,296	2	19	11	3	0	3	4	9
Cumberland	33,741	0	1	0	0	0	0	0	1
Frederick	12,035	0	0	1	0	0	0	0	0
District of Columbia:									
Washington	497,906	0	10	16	0	0	1	0	6
Virginia:									
Lynchburg	30,395	0	1	0	0	0	0	0	0
Norfolk	(1)	0	2	1	0	0	0	0	4
Richmond	186,403	0	20	15	0	2	0	1	1
Roanoke	58,208	0	5	4	0	0	0	0	0
West Virginia:									
Charleston	49,019	0	2	2	0	0	0	0	0
Huntington	63,485	0	3	2	0	0	0	0	3
Wheeling	56,208	1	2	0	0	1	0	0	1
North Carolina:									
Raleigh	30,371	1	4	8	0	0	0	0	0
Wilmington	37,061	0	1	1	0	0	0	0	0
Winston-Salem	69,031	0	4	0	0	1	1	0	0
South Carolina:									
Charleston	73,125	0	1	3	1	1	0	0	5
Columbia	41,225	0	2	1	0	0	0	0	0
Greenville	27,311	0	2	6	0	0	0	0	0
Georgia:									
Atlanta	(1)	0	8	15	7	0	1	2	5
Brunswick	16,809	0	0	0	0	0	0	6	0
Savannah	93,134	0	3	2	3	0	1	0	2
Florida:									
Miami	69,754	0	-------	3	2	0	0	4	4
St. Petersburg	26,847	-------	0	-------	-------	0	-------	-------	0
Tampa	94,743	0	1	0	0	0	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	0	2	14	0	0	0	0	2
Louisville	305,935	2	10	2	1	0	1	0	5
Tennessee:									
Memphis	174,533	1	8	5	0	1	0	1	3
Nashville	136,220	0	3	14	0	0	0	0	3
Alabama:									
Birmingham	205,670	0	7	2	0	0	0	1	4
Mobile	65,955	0	2	0	0	1	0	0	4
Montgomery	46,481	0	1	15	0	0	0	1	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	0	1	0	0	-------	0	0	-------
Little Rock	74,216	0	1	0	0	0	0	0	1
Louisiana:									
New Orleans	414,493	0	9	6	3	4	0	0	9
Shreveport	57,857	0	1	2	0	0	0	0	2
Oklahoma:									
Oklahoma City	(1)	0	2	3	8	0	0	0	1
Texas:									
Dallas	194,450	2	6	22	7	4	0	0	0
Galveston	48,375	0	0	0	0	0	0	0	1
Houston	164,954	0	2	9	0	0	0	0	1
San Antonio	198,069	1	0	10	0	0	0	0	1
MOUNTAIN									
Montana:									
Billings	17,071	3	1	0	0	0	0	0	2
Great Falls	29,883	0	0	2	0	0	0	0	1
Helena	12,037	0	0	1	0	0	0	0	0
Missoula	12,668	2	0	0	0	0	0	0	1
Idaho:									
Boise	23,042	0	1	0	0	0	0	0	0

[1] No estimate made.

City reports for week ended October 2, 1926—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
MOUNTAIN—continued									
Colorado:									
Denver	280,911	3	12	19	0	2	1	0	4
Pueblo	43,787	2	5	0	0	0	1	0	3
New Mexico:									
Albuquerque	21,000	0	1	0	0	0	2	1	0
Arizona:									
Phoenix	38,669	0	0	1	0	0	1	0	1
Utah:									
Salt Lake City	130,948	6	3	10	0	0	10	0	6
Nevada:									
Reno	12,065	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	(1)	9	5	9	0	----	1	13	----
Spokane	108,897	5	3	7	0	----	1	0	----
Tacoma	104,455	1	3	4	0	0	0	0	1
Oregon:									
Portland	282,383	2	6	3	0	0	3	5	9
California:									
Los Angeles	(1)	5	30	30	4	1	1	10	4
Sacramento	72,200	0	2	1	0	0	9	3	1
San Francisco	557,530	18	15	14	1	1	110	27	2

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	1	0	0	0	0	2	1	0	0	4	28
New Hampshire:											
Concord	0	0	0	0	0	0	0	1	0	0	9
Manchester	0	3	0	0	0	0	0	0	0	----	26
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	0	5
Massachusetts:											
Boston	18	24	0	0	0	11	4	2	1	18	176
Fall River	1	3	0	0	0	3	3	3	0	4	30
Springfield	3	2	0	0	0	0	0	0	0	0	21
Worcester	4	8	0	0	0	2	0	0	0	2	45
Rhode Island:											
Pawtucket	1	0	0	0	0	0	0	0	0	3	19
Providence	3	1	0	0	0	2	2	1	0	4	63
Connecticut:											
Bridgeport	2	4	0	0	0	0	1	0	0	0	22
Hartford	2	2	0	0	0	3	2	0	0	2	41
New Haven	3	0	0	0	0	3	3	0	0	0	38
MIDDLE ATLANTIC											
New York:											
Buffalo	10	2	0	0	0	15	2	3	0	9	140
New York	45	43	1	0	0	[2] 95	37	27	6	68	1,146
Rochester	4	3	0	0	0	2	2	0	0	7	77
Syracuse	5	4	0	0	0	3	2	0	0	25	45
New Jersey:											
Camden	2	4	0	0	0	0	2	3	0	1	26
Newark	7	4	0	0	0	6	3	1	0	30	88
Trenton	1	1	0	0	0	6	1	0	0	0	36
Pennsylvania:											
Philadelphia	28	28	0	0	0	38	14	12	1	30	425
Pittsburgh	20	11	0	0	0	9	4	11	2	17	136
Reading	1	3	0	0	0	0	2	0	0	7	17

[1] No estimate made.

[2] Pulmonary tuberculosis only.

City reports for week ended October 2, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	7	9	1	0	0	9	2	7	2	12	100
Cleveland	15	12	0	0	0	17	4	14	1	26	169
Columbus	4	5	0	0	0	6	2	4	0	6	75
Toledo	6	13	1	0	0	5	3	9	0	17	81
Indiana:											
Fort Wayne	1	2	0	0	0	1	1	0	1	0	21
Indianapolis	5	8	1	0	0	4	3	6	0	15	83
South Bend	2	1	0	0	0	1	0	0	0	1	15
Terre Haute	1	5	0	0	0	0	0	0	0	0	21
Illinois:											
Chicago	53	47	1	0	0	54	7	10	0	39	587
Peoria	6	1	0	0	0	0	1	0	0	0	17
Springfield	1	2	0	0	0	0	2	0	0	1	8
Michigan:											
Detroit	36	35	2	0	0	16	6	6	1	37	269
Flint	6	9	0	0	0	0	1	1	0	1	21
Grand Rapids	5	1	0	0	0	1	1	1	0	2	27
Wisconsin:											
Kenosha	1	1	0	0	0	0	0	0	0	8	11
Madison	0	2	0	0	0	0	1	0	0	7	6
Milwaukee	16	6	1	0	0	3	1	0	0	40	85
Racine	3	1	0	0	0	0	0	0	0	4	11
Superior	1	----	0	----	----	----	0	----	----	----	----
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	6	0	0	0	1	0	0	0	3	19
Minneapolis	21	40	0	0	0	3	1	3	1	0	88
St. Paul	10	16	2	0	0	4	2	2	0	8	55
Iowa:											
Davenport	1	1	0	0	----	----	0	0	----	0	----
Des Moines	5	1	0	0	----	----	0	0	----	0	----
Sioux City	1	1	0	0	----	----	1	0	----	0	----
Waterloo	2	2	0	0	----	----	0	0	----	1	----
Missouri:											
Kansas City	5	6	0	0	0	6	3	1	0	5	84
St. Joseph	2	2	0	0	0	0	0	3	0	1	18
St. Louis	19	10	0	0	0	9	5	4	0	8	190
North Dakota:											
Fargo	0	8	0	0	0	0	0	0	0	1	5
Grand Forks	1	5	0	0	----	----	0	0	----	0	----
South Dakota:											
Aberdeen	1	1	0	0	----	----	0	0	----	3	----
Sioux Falls	1	0	0	0	0	0	0	0	0	0	----
Nebraska:											
Lincoln	1	4	0	0	0	1	0	0	0	2	21
Omaha	2	4	1	0	0	2	1	0	0	0	55
Kansas:											
Topeka	2	0	0	1	0	0	1	7	1	8	13
Wichita	2	3	0	0	0	1	2	0	0	1	35
SOUTH ATLANTIC											
Delaware:											
Wilmington	1	2	0	0	0	1	0	0	0	0	18
Maryland:											
Baltimore	7	4	0	0	0	18	11	8	0	25	195
Cumberland	1	0	0	0	0	2	1	2	0	0	10
Frederick	0	1	0	0	0	0	0	0	0	0	3
District of Columbia:											
Washington	8	12	0	0	0	11	5	7	1	27	123
Virginia:											
Lynchburg	1	3	0	0	0	0	1	8	0	4	10
Norfolk	0	1	0	0	0	2	1	2	0	0	----
Richmond	6	8	0	0	0	2	2	4	0	1	46
Roanoke	2	3	0	0	0	0	2	1	0	1	16
West Virginia:											
Charleston	1	1	0	0	0	0	2	5	0	3	11
Huntington	2	3	0	0	0	0	0	0	0	0	22
Wheeling	3	2	0	0	0	2	2	0	0	0	18

City reports for week ended October 2, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
SOUTH ATLANTIC—continued											
North Carolina:											
Raleigh	1	1	0	0	0	1	1	0	0	2	7
Wilmington	1	3	0	1	0	0	0	0	0	6	8
Winston-Salem	2	6	0	0	0	0	1	3	0	3	23
South Carolina:											
Charleston	0	0	0	0	0	1	2	1	0	0	26
Columbia	0	0	0	0	0	0	0	1	0	0	----
Greenville	0	1	0	0	0	0	0	0	0	2	3
Georgia:											
Atlanta	5	6	0	1	0	5	4	11	0	0	69
Brunswick	0	0	0	0	0	0	0	0	0	0	2
Savannah	0	3	0	0	0	3	1	8	2	0	26
Florida:											
Miami	----	0	----	0	0	0	----	0	0	1	40
St. Petersburg	0	----	0	----	0	0	0	----	0	----	4
Tampa	0	2	0	0	0	4	0	0	1	0	32
EAST SOUTH CENTRAL											
Kentucky:											
Covington	0	1	0	0	0	3	0	0	0	0	17
Louisville	2	3	0	0	0	4	5	3	1	3	82
Tennessee:											
Memphis	2	5	0	0	0	1	4	7	0	5	52
Nashville	4	4	0	0	0	5	4	10	0	10	49
Alabama:											
Birmingham	5	6	0	0	0	3	6	4	1	6	58
Mobile	1	0	0	0	0	0	1	1	0	0	20
Montgomery	1	0	0	0	0	0	1	0	0	2	12
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	0	0	----	----	0	0	----	0	----
Little Rock	1	2	0	0	0	2	2	1	0	0	----
Louisiana:											
New Orleans	2	1	0	0	0	0	4	5	0	1	133
Shreveport	1	1	0	0	0	3	1	0	0	0	35
Oklahoma:											
Oklahoma City	1	1	0	0	0	1	2	3	0	0	14
Texas:											
Dallas	3	9	0	0	0	2	2	4	1	1	41
Galveston	0	2	0	0	0	0	0	0	0	0	7
Houston	1	1	0	0	0	1	0	1	2	0	53
San Antonio	0	0	0	0	0	5	1	0	0	0	33
MOUNTAIN											
Montana:											
Billings	1	0	0	0	0	0	0	0	0	2	4
Great Falls	1	0	0	0	0	0	0	2	0	0	8
Helena	0	0	0	0	0	0	0	0	0	6	7
Missoula	0	9	0	0	0	0	1	0	0	0	12
Idaho:											
Boise	1	0	0	1	0	0	0	1	0	0	6
Colorado:											
Denver	5	20	1	0	0	8	4	0	1	3	77
Pueblo	1	0	1	0	0	0	1	1	0	0	11
New Mexico:											
Albuquerque	0	0	0	0	0	4	3	0	0	1	10
Arizona:											
Phoenix	----	0	0	0	0	7	1	0	0	0	12
Utah:											
Salt Lake City	2	6	0	0	0	3	3	5	0	6	29
Nevada:											
Reno	1	0	0	0	0	1	0	0	0	0	2

City reports for week ended October 2, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
PACIFIC											
Washington:											
Seattle	7	23	1	0	----	----	1	3	----	2	----
Spokane	7	4	1	0	----	----	1	1	----	1	----
Tacoma	2	0	0	2	0	1	1	0	0	0	23
Oregon:											
Portland	5	26	2	4	0	1	3	0	0	0	62
California:											
Los Angeles	8	21	2	0	0	20	5	2	0	2	201
Sacramento	1	3	1	0	0	3	1	1	0	0	25
San Francisco	6	14	0	0	0	9	1	0	1	3	121

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	1	1	0	0	0	0	2	1	0
Fall River	1	2	0	0	0	0	0	0	0
Springfield	0	0	0	0	0	0	0	2	0
Worcester	0	0	0	0	4	0	0	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	0	0	0	0	1	9	1
New York	2	1	6	2	0	1	14	2	3
Rochester	0	0	0	0	0	0	1	2	1
New Jersey:									
Newark	0	0	2	1	0	0	1	1	0
Pennsylvania:									
Pittsburgh	0	0	0	1	0	0	0	0	0
Reading	0	0	0	0	0	0	0	1	0
EAST NORTH CENTRAL									
Ohio:									
Cleveland	0	0	0	0	0	0	1	4	0
Columbus	0	0	0	1	0	0	0	0	0
Indiana:									
Indianapolis	2	0	0	0	0	0	0	0	0
Illinois:									
Chicago	1	0	1	0	2	1	5	0	0
Michigan:									
Detroit	1	0	2	1	0	0	1	7	0
Wisconsin:									
Milwaukee	0	0	1	1	0	0	0	0	0
WEST NORTH CENTRAL									
Missouri:									
Kansas City	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC[1]									
Maryland:									
Baltimore	0	0	0	0	1	0	1	1	1
District of Columbia:									
Washington	0	0	0	0	0	0	1	1	1
Virginia:									
Norfolk	0	0	0	0	0	0	0	1	1
Richmond	0	0	0	0	0	0	0	1	0

[1] Dengue; 1 case at Miami, Fla.

City reports for week ended October 2, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
SOUTH ATLANTIC—continued									
North Carolina:									
Raleigh	0	0	0	0	0	1	0	0	0
Georgia:									
Atlanta	0	0	0	0	0	1	0	0	0
Savannah	0	0	0	0	0	0	0	1	1
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	1	0	0	0	1	0	0	0	0
Alabama:									
Birmingham	0	0	0	0	1	0	0	0	0
Mobile	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock	0	0	0	0	0	3	0	0	0
Louisiana:									
New Orleans	0	0	0	0	1	0	0	0	0
Shreveport	0	0	0	0	0	2	0	0	0
Texas:									
Dallas	0	0	0	1	0	2	0	0	0
Houston	1	1	0	0	0	1	0	0	0
San Antonio	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Colorado:									
Denver	0	0	0	1	0	0	0	0	0
PACIFIC									
Oregon:									
Portland	0	0	0	0	0	0	0	1	0
California:									
Los Angeles	0	0	1	0	0	0	1	1	0
Sacramento	0	0	0	0	0	0	0	1	1
San Francisco	1	0	0	0	0	0	1	1	0

The following table gives the rates per 100,000 population for 101 cities for the five-week period ended October 2, 1926, compared with those for a like period ended October 3, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 101 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 95 cities reporting deaths had more than 29,200,000 estimated population in 1925 and more than 29,730,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, August 29 to October 2, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Sept. 5, 1925	Sept. 4, 1926	Sept. 12, 1925	Sept. 11, 1926	Sept. 19, 1925	Sept. 18, 1926	Sept. 26, 1925	Sept. 25, 1926	Oct. 3, 1925	Oct. 2, 1926
101 cities	[3] 70	74	92	76	[3] 95	[4] 84	[3] 97	107	[5] 115	[5] 128
New England	43	26	74	38	139	35	81	73	74	66
Middle Atlantic	61	59	89	53	83	63	81	70	84	81
East North Central	57	101	70	80	76	95	101	128	[5] 130	[5] 135
West North Central	100	66	143	75	145	95	153	127	192	143
South Atlantic	106	69	119	137	88	111	109	128	207	163
East South Central	32	42	74	104	74	109	58	135	63	270
West South Central	31	60	119	86	57	77	75	69	62	211
Mountain	305	91	194	173	[3] 217	237	[5] 189	137	129	291
Pacific	[3] 76	135	75	92	130	[4] 97	102	213	102	175

MEASLES CASE RATES

101 cities	[3] 22	25	22	26	[3] 29	[4] 28	[3] 35	37	[5] 39	[5] 36
New England	50	33	91	35	108	19	177	38	242	21
Middle Atlantic	25	17	25	11	34	10	33	9	35	10
East North Central	20	30	16	18	22	23	22	22	[5] 24	[5] 24
West North Central	6	10	4	10	8	12	6	28	6	10
South Atlantic	23	9	21	19	15	9	29	11	23	13
East South Central	0	31	0	16	5	16	11	10	11	5
West South Central	0	0	4	4	4	4	0	0	0	0
Mountain	0	36	9	100	[3] 9	73	[5] 28	118	9	109
Pacific	[3] 26	92	8	159	14	[4] 225	19	310	3	329

SCARLET FEVER CASE RATES

101 cities	[3] 54	51	51	58	[3] 60	[4] 67	[3] 63	79	[5] 86	[5] 100
New England	46	59	62	80	60	76	46	71	86	104
Middle Atlantic	30	25	31	32	46	44	48	56	62	51
East North Central	58	59	57	62	58	64	65	80	[5] 96	[5] 99
West North Central	123	131	102	93	133	129	135	153	176	197
South Atlantic	56	38	54	56	36	49	61	79	67	111
East South Central	131	57	110	109	53	119	74	83	74	99
West South Central	35	26	31	47	40	30	13	52	48	69
Mountain	74	82	37	73	[3] 161	82	[5] 85	118	176	319
Pacific	[3] 50	70	36	89	64	[4] 123	77	119	88	175

SMALLPOX CASE RATES

101 cities	[3] 5	2	5	2	[3] 6	[4] 1	[3] 5	3	[5] 2	[5] 1
New England	40	0	0	0	0	0	0	0	0	0
Middle Atlantic	0	1	0	0	0	0	0	1	0	0
East North Central	5	0	2	2	2	0	2	1	[5] 0	[5] 0
West North Central	4	0	0	2	2	0	2	2	2	2
South Atlantic	2	9	12	2	12	9	6	6	0	4
East South Central	11	10	21	0	37	0	32	0	0	0
West South Central	4	4	4	0	4	4	0	13	0	0
Mountain	9	0	18	0	[3] 0	0	[5] 38	0	9	9
Pacific	[3] 38	13	41	16	47	[4] 0	39	19	25	5

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1925 and 1926, respectively.
[3] Spokane, Wash., not included.
[5] Helena, Mont., not included.
[4] Tacoma, Wash., not included.
[5] Superior, Wis., not included.

Summary of weekly reports from cities, August 29 to October 2, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Sept. 5, 1925	Sept. 4, 1926	Sept. 12, 1925	Sept. 11, 1926	Sept. 19, 1925	Sept. 18, 1926	Sept. 26, 1925	Sept. 25, 1926	Oct. 3, 1925	Oct. 2, 1926
101 cities	[3] 38	40	41	45	[3] 49	[4] 53	[3] 44	44	[3] 39	[3] 42
New England	29	12	34	17	29	33	22	9	46	17
Middle Atlantic	29	34	27	34	35	55	34	45	32	28
East North Central	17	20	20	20	18	23	29	26	[5] 20	[5] 34
West North Central	22	42	57	50	57	26	16	26	35	40
South Atlantic	58	92	48	105	104	81	88	92	50	115
East South Central	168	176	226	285	194	249	200	166	131	130
West South Central	167	43	70	39	159	69	97	77	92	47
Mountain	28	9	129	18	[5] 85	82	[3] 94	36	111	82
Pacific	[3] 29	46	28	27	28	[4] 37	22	22	28	19

INFLUENZA DEATH RATES

95 cities	2	3	4	4	[3] 5	[4] 4	[3] 3	6	[3] 5	[3] 6
New England	0	0	2	0	0	0	0	5	0	2
Middle Atlantic	3	2	3	4	6	3	3	3	3	2
East North Central	3	4	7	4	4	3	4	3	[6] 6	[6] 5
West North Central	2	4	0	0	6	4	4	8	6	0
South Atlantic	2	0	0	0	2	6	2	9	4	9
East South Central	0	16	5	0	5	5	0	10	16	10
West South Central	5	9	5	19	10	24	0	24	19	38
Mountain	18	9	28	36	[3] 19	0	[3] 9	9	0	18
Pacific	0	0	4	0	0	[4] 8	4	7	0	7

PNEUMONIA DEATH RATES

95 cities	70	51	61	51	[3] 60	[4] 53	[3] 54	65	[3] 61	[3] 69
New England	53	50	50	40	67	54	53	76	31	87
Middle Atlantic	84	59	68	65	61	51	66	70	68	71
East North Central	59	34	46	37	44	40	39	45	[6] 44	[6] 58
West North Central	32	36	36	30	45	51	26	55	36	70
South Atlantic	54	64	60	41	81	54	86	79	81	66
East South Central	131	52	142	42	79	52	42	88	100	109
West South Central	73	52	82	104	77	123	48	99	63	71
Mountain	83	64	37	64	[3] 113	118	[3] 76	55	139	155
Pacific	95	78	91	57	62	[4] 57	51	78	87	28

[3] Spokane, Wash., not included.
[4] Tacoma, Wash., not included.
[5] Helena, Mont., not included.
[6] Superior, Wis., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectfully

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total	101	95	29, 900, 058	30, 427, 598	29, 221, 531	29, 733, 613
New England	12	12	2, 176, 124	2, 206, 124	2, 176, 124	2, 206, 124
Middle Atlantic	10	10	10, 346, 970	10, 476, 970	10, 346, 970	10, 476, 970
East North Central	16	16	7, 481, 656	7, 655, 436	7, 481, 656	7 655, 436
West North Central	12	10	2, 550, 024	2, 589, 131	2, 431, 253	2, 468, 448
South Atlantic	21	21	2, 716, 070	2, 776, 070	2, 716, 070	2, 776, 070
East South Central	7	7	993, 103	1, 004, 953	993, 103	1, 004, 953
West South Central	8	6	1, 184, 057	1, 212, 057	1, 078, 198	1, 103, 695
Mountain	9	9	563, 912	572, 773	563, 912	572, 773
Pacific	6	4	1, 888, 142	1, 934, 084	1, 434, 245	1, 469, 144

FOREIGN AND INSULAR

PLAGUE ON VESSEL

Further relative to plague infection on the S. S. "Zaria"—Liverpool, England, from West African ports.—Further information dated September 18, 1926, relative to plague infection on the steamship *Zaria* at Liverpool, England, from West African ports, shows that of 70 rats caught or found dead on the *Zaria* 29 rats were found plague infected. The *Zaria* arrived at Liverpool September 12, from Lagos, via West African ports, with history of two fatal plague cases in native firemen during the voyage. Four plague-infected rats were found on the vessel after arrival at Liverpool.[1]

THE FAR EAST

Report for week ended September 25, 1926.—The following report for the week ended September 25, 1926, was transmitted by the Far Eastern Bureau of the Secretariat of the Health Section of the League of Nations, located at Singapore, to the headquarters at Geneva:

Maritime towns	Plague		Cholera		Smallpox		Maritime towns	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
British India:							Ceylon: Colombo	0	0	0	0	3	0
Calcutta	----	0	----	7	3	3	Siam: Bangkok	0	0	3	0	7	4
Bombay	----	0	----	0	8	3	China:						
Madras	----	0	----	3	4	0	Amoy	0	0	42	----	0	0
Rangoon	----	6	----	0	0	0	Shanghai	0	0	31	15	0	0
Negapatam	----	0	----	0	2	0	Kwantung: Dairen	0	0	1	0	0	0

Telegraphic reports from the following maritime towns indicated that no case of plague, cholera, or smallpox was reported during the week:

ASIA

Arabia.—Aden.
Iraq.—Basra.
Persia.—Mohammerah, Bender, Abbas, Bushire.
British India.—Karachi, Chittagong, Cochin, Vizagapatam, Tuticorin.
Federated Malay States.—Port Swettenham.

[1] Public Health Reports, Oct. 8, 1926, p. 2219.

Straits Settlements.—Singapore, Penang.
Dutch East Indies.—Batavia, Surabaya, Samarang, Belawan Deli, Palembang, Sabang, Makassar, Banjermasin, Tarakan, Padang, Cheribon, Balik-Papan.
Sarawak.—Kuching.
British North Borneo.—Sandakan, Jesselton, Kudat, Tawao.
Portuguese Timor.—Dilly.
Philippine Islands.—Manila, Iloilo, Jolo, Cebu, Zamboanga.
French Indo-China.—Saigon and Cholon, Turane, Haïphong.
China.—Hongkong.
Formosa.—Keelung.
Japan.—Yokohama, Osaka, Nagasaki, Moji, Kobe, Niigata, Tsuruga, Hakodate, Simonoseki.
Korea.—Chemulpo, Fusan.
Manchuria.—Antung, Mukden, Changchun, Harbin.
Kwantung.—Port Arthur.
U. S. S. R.—Vladivostok.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Garnarvon, Thursday Island.
New Guinea.—Port Moresby.
New Zealand.—Auckland, Wellington, Christchurch, Invercargill, Dunedin.
New Caledonia.—Noumea.
Fiji.—Suva.
Hawaii.—Honolulu.
Society Islands.—Papeete.

AFRICA

Egypt.—Port Said, Suez, Alexandria.
Anglo-Egyptian Sudan.—Port Sudan, Suakin.
Eritrea.—Massaua.
French Somaliland.—Jibuti.
British Somaliland.—Berbera.
Italian Somaliland.—Mogadiscio.
Kenya.—Mombasa.
Zanzibar.—Zanzibar.
Tanganyika.—Dar-es-Salaam.
Seychelles.—Victoria.
Mauritius.—Port Louis.
Portuguese East Africa.—Mozambique, Beira, Lourenço-Marques.
Union of South Africa.—Durban, East London, Port Elizabeth, Cape Town.

Reports had not been received in time for distribution from—

Dutch East Indies.—Samarinda, Pontianak, Menado.
Madagascar.—Tamatave, Majunga.

BRAZIL

Plague—Paranagua—October 8, 1926.—Information was received under date of October 8, 1926, of the presence of plague at the port of Paranagua, State of Paraná, Brazil.

CHILE

Mortality—Concepcion—July, 1926.—During the month of July, 1926, 176 deaths from all causes were reported at Concepcion, Chile (population, 64,780). Of these, 64 deaths were in children under 1 year of age. Causes of deaths were reported as follows: Bronchopneumonia, 11; diseases of the heart, 11; dysentery, 1; influenza, 1; meningitis, 7; pneumonia, 25; tuberculosis, 30. Mortality from pneumonia, tuberculosis, and diseases of the respiratory system generally was stated to have been above the average, due to excessive rainfall and damp, cold weather.

CUBA

Communicable diseases—Habana—August and September, 1926.—During the months of August and September, 1926, communicable diseases were reported at Habana, Cuba, as follows:

August

Disease	New cases	Deaths	Remaining under treatment Aug. 31, 1926	Disease	New cases	Deaths	Remaining under treatment Aug. 31, 1926
Chicken pox	3		2	Measles	14		15
Diphtheria	9		1	Paratyphoid fever	4		1
Leprosy			9	Scarlet fever	7		4
Malaria [1]	114	2	40	Typhoid fever [1]	44	7	38

September

Disease	New cases	Deaths	Remaining under treatment Sept. 30, 1926	Disease	New cases	Deaths	Remaining under treatment Sept. 30, 1926
Chicken pox	6		2	Measles	4		3
Diphtheria	8	1	2	Paratyphoid fever	4		3
Leprosy	1	1	9	Scarlet fever	10		3
Malaria [1]	81	1	19	Typhoid fever [1]	52	10	45

[1] Many of these cases from the interior.

EGYPT

Plague—September 3–9, 1926.—During the week ended September 9, 1926, 12 cases of plague were reported in Egypt. The cases occurred in the district of Sidi Barani, in the western desert province.

Summary—January 1–September 9, 1926.—During the period from January 1 to September 9, 1926, 128 cases of plague were reported in Egypt, as compared with 111 cases reported for the corresponding period of the year 1925.

JAMAICA

Smallpox (alastrim)—Other communicable diseases—August 29–September 25, 1926.—During the period August 29 to September 25, 1926, 60 cases of smallpox (reported as alastrim) were reported in localities other than Kingston in the island of Jamaica. Other communicable diseases were reported as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Chicken pox		2	Puerperal infection		1
Measles	2	13	Tuberculosis (pulmonary)	11	38
Ophthalmia neonatorum		2	Typhoid fever	13	112

MEXICO

Typhoid fever—Progreso—October 2, 1926.—During the week ended October 2, 1926, one death from typhoid fever was reported at Progreso, Mexico, with 40 cases reported present.

Water supply.—Progreso was stated to have no rainfall and no running water; also no wells of potable water, all wells being saline. The water supply is from cisterns. At the close of the summer season many of these cisterns are left locked by their owners and the water in them becomes stagnant.

SAMOA

Further relative to epidemic influenza—August, 1926.—Under date of August 21, 1926, epidemic influenza was reported present in a mild but highly infectious form at Apia, Samoa, and vicinity, with extension of infected area along the coast and an estimated number of 200 cases with no mortality.[1]

Later estimates place the number of reported cases at from 500 to 1,000, with an extension of infected area.

Influenza in American Samoa.—Further information shows the appearance of epidemic influenza in American Samoa, at first within a restricted area but later rapidly spreading. On August 19, 800 cases were reported present with one death from pneumonia (pneumococcus).

Measles.[1]—Measles was reported present in American Samoa, August 20, at two points. To August 18, 21 cases were reported present; in western Samoa, August 19, 14 cases.

[1] Public Health Reports, Oct. 1, 1926, p. 2171.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended October 22, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Canton	July 25-31	54	28	
Manchuria—				
Dairen	Aug. 23-29	1	1	
Shanghai	Aug. 29-Sept. 11	2	39	Cases, foreign; deaths, foreign and native in international settlements.
India:				
Calcutta	Aug. 22-28	12	10	
Rangoon	do	2	1	
Philippine Islands:				
Romblon Province	Mar. 14-27	25	23	
Siam				Aug. 22-28, 1926: Cases, 56; deaths, 29; total, Apr. 1-Aug. 28, cases, 7,522; deaths, 4,936.
Bangkok	Aug. 22-28	2		District.

PLAGUE

Brazil:				
Paranagua	Oct. 8			Present.
British East Africa:				
Kenya—				
Kisumu	Aug. 22-Sept. 11	2	2	
Uganda	June 1-30	318	252	
Egypt				Sept. 3-9, 1926: Cases, 12. Total, Jan. 1-Sept. 9, 1926, cases, 128; corresponding period, 1925, cases, 111.
Province—				
Sidi Barani	Sept. 3-9	12		In western desert.
India:				
Rangoon	Aug. 22-28	3	2	
Siam				Apr. 1-Aug. 28, 1926: Cases, 15; deaths, 10.
On vessel:				
S. S. Zaria				At Liverpool, England, Sept. 12, 1926; from Lagos, West Africa and ports; history of two fatal cases plague in native firemen; four plague rats found on arrival; Sept. 18, 1926, of 70 rats caught and found dead on vessel, 29 rats found plague infected.

SMALLPOX

Brazil:				
Bahia	Aug. 22-Sept. 11	11	11	
Pernambuco	Aug. 22-28	27	3	
Rio de Janeiro	Sept. 5-18	407	238	Jan. 1-Sept. 18, 1926: Cases, 3,101; deaths, 1,589.
France:				
Paris	Sept. 11-20	19	5	
Great Britain:				
Newcastle-on-Tyne	Sept. 19-25	2		At Gateshead, across the Tyne from Newcastle, several cases reported.
India:				
Calcutta	Aug. 22-28	4	4	
Iraq:				
Baghdad	do	1		
Basra	Aug. 15-21	1		
Jamaica				Aug. 29-Sept. 25, 1926: Cases, 60. Reported as alastrim.

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received During Week Ended October 22, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Java:				
Surabaya	Aug. 8-14	17		
Mexico:				
San Luis Potosi	Sept. 26-Oct. 2		4	
Torreon	Sept. 1-30		4	
Siam				Aug. 22-28, 1926: Cases, 7; deaths, 4. Apr. 1-Aug. 28, 1926: Cases, 551; deaths, 213.
Bangkok	Aug. 22-28	7	2	
Sumatra:				
Medan	do			One case varioloid.
Union of South Africa:				
Orange Free State	do			Outbreaks.

TYPHUS FEVER

Chile:				
Valparaiso	Sept. 5-11	2		
China:				
Antung	Aug. 30-Sept. 12	3		
Chosen:				
Seoul	Aug. 1-31	1		
Italy:				
Palermo	Sept. 12-18	1		
Norway:				
Stavanger	Sept. 6-12	1		

Reports Received from June 26 to October 15, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Ceylon				Apr. 18-May 29, 1926: Cases, 31; deaths, 29.
China:				
Amoy	Aug. 8-Sept. 4	67		Stated to be present in epidemic form.
Canton	June 1-30	38	14	
Foochow	Aug. 15-Sept. 4			Present.
Nanking	July 25-Aug. 7			Do.
Shanghai	Reported July 20	35	8	
Do	July 25-Aug. 28	32	327	Cases, foreign; deaths, native and foreign.
Swatow	July 11-Sept. 4	36	63	
Tsingtao	July 11-Aug. 30	4	4	Japanese settlements, 10 deaths; Chinese, 30 to 40 deaths daily; estimated.
Chosen:				
North Heian Province	Sept. 3-16	70	30	Deaths estimated.
Shingishu	Sept. 13	19		Including places in vicinity.
French Settlements in India				Mar. 7-June 26, 1926: Cases, 31; deaths, 30.
India				Apr. 25-June 26, 1926: Cases, 18,526; deaths, 11,531. June 27-Aug. 7, 1926: Cases, 11,492; deaths, 7,164.
Bombay	May 30-June 5	1	1	
Do	July 18-31	2	2	
Calcutta	Apr. 4-May 29	478	418	
Do	June 13-26	73	69	
Do	June 27-Aug. 21	242	215	
Madras	May 16-June 5	2	1	
Do	Aug. 1-Sept. 4	2	2	
Rangoon	May 9-June 26	67	44	
Do	June 27-Aug. 8	28	27	
Indo-China:				
Saigon	May 2-15	52	48	
Do	May 22-June 26	42	32	
Do	June 27-Aug. 14	31	17	

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
Japan				To Sept. 10, 1926: Cases, 35.
Ken (Prefecture)—				
Hiroshima	To Sept. 10	1		
Hyogo	do	7		
Kagakawa	do	8		
Kanagawa	do	3		Including Yokohama.
Kochi	do	1		
Okayama	do	7		
Osaka	do	6		
Wakayama	do	2		
Philippine Islands:				
Manila	May 18–24	2	2	
Do	June 27–Aug. 21	9	2	
Provinces—				
Albay	Apr. 18–24	1	1	
Davao	May 23–29	1		
Mindoro	Feb. 21–Mar. 6	3	3	
Pampanga	July 25–31	1	1	
Rizal	July 18–24	1		
Romblon	Dec. 14–31	42	43	
Do	Jan. 2–23	16	12	
Siam				Aug. 1–21, 1926: Cases, 130; deaths, 100.
Bangkok	May 2–June 12	1,325	736	
Do	June 20–26	56	26	
Do	June 27–Aug. 7	77	28	
Straits Settlements:				
Singapore	July 4–17	2	1	
On vessel:				
Steamship Macedonia	Aug. 5	1		At Yokohama, Japan. Vessel sailed from Singapore, July 18, 1926.

PLAGUE

Algeria:				
Algiers	June 21–30	1		Under date of July 16, 2 cases reported.
Do	July 1–20	1		
Bona	Aug. 14	1		
Philippeville	Sept. 7	1		
Azores:				
Fayal Island—				
Horta	Aug. 2–29	2	2	
St. Michaels Island	May 9–June 26	4	1	
Do	June 27–July 10	3	1	
British East Africa:				
Kisumu	May 16–22	1	1	
Do	Aug. 17	1		
Uganda	Mar. 1–May 31	414	322	
Canary Islands:				
Teneriffe	Aug. 2	2		
Ceylon:				
Colombo	May 29–June 5	1	1	
Chile:				
Iquique	June 20–26		1	
China:				
Amoy	Apr. 18–June 26	40	30	
Do	June 27–Aug. 7	28		
Foochow	June 6–July 31			Several cases. Not epidemic.
Nanking	May 9–Aug. 7			Prevalent.
Swatow	July 25–31	14		
Ecuador				January–June, 1926: Cases, 353; deaths, 154.
Chimborazo	January–June	9	2	Rats taken, 766.
Guayaquil	May 16–June 30	6		Rats taken, 30,914; found infected, 31.
Do	July 1–Aug. 31	12	3	Rats taken, 41,321; found infected, 59.
Leon	January–June	43	19	Localities, 2.
Loja	do	176	75	Cantons, 2.
Tungurahua	do	83	29	At Ambato, Huachi, and Pisayhua. Rats taken, 1542.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Egypt				Jan. 1–Aug. 12, 1926: Cases, 115.
City—				
Alexandria	July 27–Aug. 12	4	1	
Suez	May 21–July 1	9	5	
Do	July 29	2		
Provinces—				
Behera	July 23–Aug. 15	4	1	
Beni-Suef	May 23–June 8	8	2	
Charkiah	July 27	1	1	
Gharbieh	June 2	1	1	
Minieh	July 24	1	1	
France:				
Marseille	July 8	1	1	Reported July 24.
St. Denis	Reported Aug. 2	1		Vicinity of Paris.
St. Ouen	Aug. 14	2		Suburb of Paris.
Great Britain:				
Liverpool	Aug. 29–Sept. 4	2	1	
Greece:				
Athens	Apr. 1–May 31	16	4	Including Piræus.
Do	Aug. 1–31	9	2	Do.
Patras	May 27–June 12	4	1	
Do	July 25–Sept. 4	7	4	
Zante	May 17	1		
Hawaii:				
Hamakua	June 9			1 plague rodent trapped near Hamakua Mill.
Paauhau	July 18–24			Plague-infected rat trapped.
India				Apr. 25–June 16, 1926: Cases, 53,001; deaths, 41,576. June 27–Aug. 7, 1926: Cases, 1,405; deaths, 861.
Bombay	May 2–June 26	16	15	
Do	July 18–Aug. 14	4	4	
Karachi	May 23–June 26	15	13	
Do	July 11–17	1	1	
Madras Presidency	Apr. 25–June 26	162	93	
Do	July 4–Aug. 14	264	139	
Rangoon	May 9–June 26	20	15	
Do	June 27–Aug. 21	47	38	
Indo-China:				
Saigon	May 23–June 26	8	3	
Do	July 18–Aug. 7	2	1	
Iraq:				
Baghdad	Apr. 18–June 12	161	108	
Do	July 18–31	2	2	
Japan:				
Yokohama	July 2–30	9	5	
Do	Aug. 7	2		Total, July 2–Aug. 10, 1926: Cases, 9; deaths, 8.
Java:				
Batavia	Apr. 24–June 19	65	65	
Do	June 26–Aug. 20	44	42	
Cheribon	Apr. 11–24	3	3	
East Java and Madura	June 13–19	1	1	
Do	July 25–31	1	1	
Madagascar:				
Ambositra Province	May 1–15	4	4	Septicemic.
Antisirabi Province	June 16–30	4	4	
Itasy Province	do	17	10	
Majunda Province	do	10	6	
Mananjary Province	do	1	1	
Moramanga Province	Apr. 1–15	2	2	Do.
Tananarive Province				Apr. 1–June 30, 1926: Cases, 130; deaths, 120.
Tamatave (Port)	May 16–31	1	1	
Tananarive Town	Apr. 1–June 30	7	7	
Nigeria				Feb. 1–Apr. 30, 1926: Cases, 115; deaths, 92.
Peru				May–June, 1926: Cases, 57; deaths, 16. July 1–Aug. 31, 1926: Cases, 44; deaths, 16.
Departments—				
Ancash	May 1–31			Present.
Do	July 1–31	2		
Cajamarca	May 1–June 30	10	4	
Do	Aug. 1–31	1		
Ica	May 1–31	1		
Do	July 1–31	1		
Libertad	May 1–31	4		
Lima	May 1–June 30	29	12	
Do	July 1–Aug. 30	40	16	
Piura	June 1–30	13		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Russia				Jan. 1–Mar. 31, 1926: Cases, 37.
Senegal				Nov. 1–30, 1925: Cases, 3; deaths, 2. Mar. 1–Apr. 30, 1926: Cases, 15; deaths, 4.
Siam:				
Bangkok	May 23–June 26	2	2	
Do	July 18–24	1	1	
Straits Settlements:				
Singapore	May 2–8	1	1	
Do	July 4–17	1	1	
Syria:				
Beirut	July 1–Aug. 10	2		
Tunisia	May 11–June 30	174		
Do	July 1–20	12		
Kairouan	June 9	3		9 cases 30 miles south of Kairouan.
Turkey:				
Constantinople	Aug. 1–Sept. 4	5	2	
Union of South Africa:				
Cape Province	May 16–22	5	3	
Calvinia District	June 13–26	12	6	
Do	June 27–Aug. 21	4	3	
Williston District	June 13–26	2		
Do	June 27–July 3	1		
Orange Free State—				
Hoopstad District	Aug. 15–21	1		
Protestpan	May 9–22	3	3	
On vessel:				
Steamship Zaria	September, 1926	2	2	At Liverpool, England, from Lagos, Nigeria, West Africa. Four plague-infected rats found on board.

SMALLPOX

Algeria:				
Algiers	May 21–June 30	14		
Do	July 1–Aug. 31	3		
Belgium:				
Antwerp	Aug. 1–7	1	1	
Bolivia:				
La Paz	May 1–June 30	14	7	
Do	July 1–31	2	4	
Brazil:				
Bahia	June 20–26	1		
Do	June 27–Aug. 21	52	25	
Manaos	Apr. 1–30		5	
Para	May 16–June 26	26	25	
Do	June 27–Aug. 14	18	11	
Pernambuco	July 11–Aug. 2	43	7	
Rio de Janeiro	May 2–June 19	132	91	
Do	July 4–Sept. 4	1,823	897	
Santos	Mar. 1–7		1	
British East Africa:				
Mombasa	July 5–11	5	4	
Tanganyika	May 1–31	252	46	
Uganda	Mar. 1–May 31	3		
British South Africa:				
Northern Rhodesia	May 18–24	17	6	Natives.
Do	June 8–14	5		
Canada				May 30–June 12, 1926: Cases, 46.
Alberta	May 30–June 12	3		
Do	June 27–Sept. 25	18		
Calgary	Sept. 5–25	6		
British Columbia—				
Vancouver	Aug. 16–Sept. 12	3		
Manitoba				May 30–June 26, 1926: Cases, 24.
Winnipeg	June 6–12	5		June 27–Sept. 25, 1926: Cases, 20.
Do	July 4–Sept. 4	12		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Canada—Continued.				
Ontario				May 30-June 26, 1926: Cases, 36. June 27-Sept. 25: Cases, 81.
Fort William	July 25-Aug. 7	2		
Kingston	May 23-June 26	5		
Do	July 11-17	2		
Kitchener	Apr. 26-May 29	3	1	
North Bay	May 2-22	5		
Do	July 25-31	2		
Orillia	Apr. 26-May 29	7		
Ottawa	July 18-24	1		
Packenham	do	10		
Peterboro	Sept. 1-30	10		
Toronto	July 18-Aug. 11	8		
Waterloo	July 18-24	6		
Saskatchewan				May 30-June 26, 1926: Cases, 16. June 27-Sept. 18: Cases, 50.
Regina	July 4-Sept. 25	3		
Ceylon				Mar. 14-May 29, 1926: Cases, 44; deaths, 3.
Chile:				
Antofagasta	June 6-12	1		
China:				
Amoy	May 1-June 26	4	8	
Do	July 4-10	1		
Antung	May 17-June 19	5		
Do	July 4-18	2		
Canton	May 1-31	4	2	
Changsha	Aug. 8-14	1		
Chungking	May 2-Aug. 21			Present.
Foochow	do			Do.
Hongkong	May 2-June 26	19	10	
Do	June 27-July 3	1	1	
Manchuria	July 4-31	18		Railway stations.
An-shan	May 16-June 12	5		South Manchurian Railway.
Antung	May 16-June 19	5		
Changchun	May 16-June 26	6		Do.
Do	June 27-July 3	1		Do.
Dairen	Apr. 26-June 20	69	16	
Do	June 28-Aug. 8	5	3	
Fushun	May 16-June 5	4		Do.
Harbin	May 14-June 30	21		Do.
Do	July 1-28	14		
Kai-yuan	May 16-June 30	10		Do.
Kungchuling	June 13-19	1		Do.
Liaoyang	May 16-June 30	4		Do.
Mukden	do	4		Do.
Penhsihu	May 16-June 19	4		Do.
Ssupingkai	May 16-June 30	2		Do.
Teshihchiao	do	2		Do.
Wa-feng-tien	do	3		Do.
Nanking	May 8-Aug. 7			Present.
Shanghai	May 2-June 26	10	25	Cases, foreign: deaths, population of international concession, foreign and native.
Do	June 27-July 24	3	3	
Swatow	May 9-Aug. 14			Sporadic.
Tientsin	June 2-26		1	Reported by British municipality.
Wanshien	May 1			Prevalent.
Chosen				Mar. 1-May 31, 1926: Cases, 548; deaths, 121.
Fusan	May 1-31	1		
Seishun	do	2	1	
Egypt:				
Alexandria	May 15-July 1	18	3	
Do	July 23-Aug. 19	11	5	
Cairo	Jan. 29-Apr. 1	16	4	
Esthonia				May 1-June 30, 1926: Cases, 3.
France				Mar. 1-June 30, 1926: Cases, 141.
Paris	Sept. 1-10	2		
St. Etienne	Apr. 18-June 15	7	3	
French Settlements in India	Mar. 7-June 26	282	282	
Gold Coast	Mar. 1-May 31	662	13	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain:				
England and Wales				May 23–June 26, 1926: Cases, 933. June 27–Sept. 18, 1926: Cases, 1,168.
Bradford	May 23–29	1		
Do	Aug. 29–Sept. 4	1		
Newcastle-on-Tyne	June 6–12	1		
Do	July 11–17	1		
Nottingham	May 2–June 5	7		
Do	July 18–24	1		
Sheffield	June 13–19	1		
Do	July 4–Sept. 11	3		
Greece:				
Athens	July 1–31	71	6	Including Piræus.
Saloniki	June 1–14		3	
Guatemala:				
Guatemala City	June 1–30		2	
India				Apr. 25–June 26, 1926: Cases, 54,851; deaths, 14,771. June 27–Aug. 7, 1926: Cases, 16,506; deaths, 5,150.
Bombay	May 2–June 26	220	134	
Do	June 27–Aug. 21	86	47	
Calcutta	Apr. 4–May 29	171	152	
Do	June 13–26	24	18	
Do	June 27–Aug. 21	30	25	
Karachi	May 16–June 26	44	18	
Do	June 27–Aug. 21	13	7	
Madras	May 16–June 26	7	4	
Do	June 27–Sept. 4	44	14	
Rangoon	May 9–June 26	10	5	
Do	July 4–24	3		
Indo-China:				
Saigon	May 9–June 26	2		
Iraq:				
Baghdad	do	8	3	
Do	July 4–10	1	1	
Basra	Apr. 18–June 22	34	25	
Italy				Mar. 28–June 26, 1926: Cases, 34. June 27–July 10, 1926: Cases, 3.
Catania	Aug. 9–15	2		Entire consular district, including island of Sardinia.
Rome	June 14–20	4		
Jamaica				Apr. 25–June 26, 1926: Cases, 201. (Reported as alastrim.)
Do				June 27–Aug. 28, 1926: Cases, 178. (Reported as alastrim.)
Japan				Apr. 11–June 19, 1926: Cases, 641.
Kobe	May 30–June 5	1		
Nagoya	May 16–22		1	
Do	July 4–10	1		
Taiwan Island	May 11–20	24		
Do	June 1–20	23		
Do	July 11–Aug. 10	2		
Tokyo	June 26–July 17	3		
Yokohama	May 2–8	2		
Java:				
Batavia	May 15–June 25	2		Province.
Do	July 24–Aug. 20	3		Do.
East Java and Madura	Apr. 11–July 3	100	6	
Do	July 4–Aug. 7	43	1	
Malang	Apr. 4–10	6	1	Interior.
Surabaya	May 16–22	14	1	
Do	July 18–24	15	1	
Latvia				Apr. 1–June 30, 1926: Cases, 5.
Mexico				Feb. 1–Apr. 30, 1926: deaths, 982.
Aguascalientes	June 13–26		5	
Guadalajara	June 8–14		2	
Do	June 29–Sept. 27		8	
Mexico City	May 16–June 5	3		Including municipalities in Federal district.
Do	July 25–Aug. 28	4		Do.
Saltillo	July 18–24		1	
San Antonio de Arenales	Jan. 1–June 30			Present: 100 miles from Chihuahua.
San Luis Potosi	June 13–26		7	
Do	July 4–Sept. 25		11	
Tampico	June 1–10		2	
Torreon	May 1–June 30		17	
Do	July 1–Aug. 31		9	
Netherlands:				
Amsterdam	July 18–24		9	
Nigeria				Feb. 1–Apr. 30, 1926: Cases, 404; deaths, 33.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Persia:				
Teheran	Apr. 21-June 22		7	
Peru:				
Arequipa	June 1-30		1	
Poland				Mar. 28-May 1, 1926: Cases, 12; deaths, 1. June 27-July 24, 1926: Cases, 2; deaths, 1.
Portugal:				
Lisbon	Apr. 26-June 19	10	3	
Do	July 11-Sept. 11	21	6	
Oporto	May 23-June 5	4		
Do	July 11-24	2		
Russia				Jan. 1-Mar. 31, 1926: Cases, 2,103.
Siam				Aug. 1-7, 1926: Cases, 12; deaths, 8.
Do				Aug. 15-21, 1926: Cases, 18; deaths, 4.
Bangkok	May 2-June 12	23	20	
Do	July 4-Aug. 7	43	39	
Spain:				
Valencia	Aug. 22-28	1		
Straits Settlements:				
Singapore	Apr. 25-May 1	1		
Do	July 11-17	1		
Switzerland:				
Lucerne Canton	June 1-30	1		
Do	July 1-31	2		
Tripolitania	Apr. 1-30	11		
Tunisia				Apr. 1-June 30, 1926: Cases, 17.
Tunis	Aug. 11-30	2		
Union of South Africa	June 1-30	8	1	
Cape Province	June 20-26			Outbreaks.
Do	Aug. 15-21			Do.
Idutya district	May 23-29			Do.
Orange Free State	June 20-July 3			Do.
Natal	May 30-June 5			Do.
Transvaal				June 6-12, 1926: Outbreaks in Pietersburg and Rustenburg districts.
Johannesburg	May 9-June 12	5		
Do	July 11-17	1		
Yugoslavia				Apr. 15-30, 1926: Cases, 2; deaths, 1.
Zagreb	Aug. 9-15	2		
On vessels:				
S. S. Karapara				At Zanzibar, June 7, 1926: One case of smallpox landed. At Durban, Union of South Africa, June 16, 1926: One suspect case landed.
Steamship	July 2	1		Vessel from Glasgow, Scotland, for Canada. Patient from Glasgow; removed at quarantine on outward voyage.

TYPHUS FEVER

Algeria:				
Algiers	May 21-June 30	7	1	
Do	July 21-Aug. 31	3		
Argentina:				
Rosario	Feb. 1-28	2		
Bolivia:				
La Paz	June 1-30		1	
Bulgaria				Mar. 1-June 30, 1926: Cases, 87; deaths, 14.
Chile:				
Antofagasta	May 23-June 26	4		
Do	June 27-July 3	1		
Concepcion	June 1-7		1	
Valparaiso	Apr. 29-May 5		1	
Do	Aug. 14-28	3		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Antung	June 14–27	7	1	
Do	June 28–Aug. 29	26	1	
Canton	May 1–31	1		
Ichang			1	Reported May 1, 1926. Occurring among troops.
Wanshien				Present among troops, May 1, 1926. Locality in Chungking consular district.
Chosen				Feb. 1–May 31, 1926: Cases, 887; deaths, 91.
Chemulpo	May 1–June 30	38	2	
Do	July 1–31	7	2	
Gensan	June 1–30	1		
Seoul	do	8	3	
Do	July 1–31	7		
Czechoslovakia				Jan. 1–June 30, 1926: Cases, 156; deaths, 6.
Egypt:				
Alexandria	July 16–Aug. 19	3		
Cairo	Jan. 29–Mar. 4	74	17	
Do	July 23–Aug. 5	1		
Port Said	June 4–24	4	1	
Do	July 9–Aug. 19	4	1	
Great Britain:				
Scotland—				
Glasgow	July 30–Aug. 21	9	1	
Ireland (Irish Free State):				
Cobh (Queenstown)	May 30–June 5	1		
Do	June 27–July 3	1	1	
Cork	June 5	1		
Kerr County—				
Dingle	June 27–July 3	1		
Italy				Mar. 28–May 8, 1926: Cases, 3.
Japan				Mar. 28–May 29, 1926: Cases, 37.
Latvia				May 1–June 30, 1926: Cases, 19.
Lithuania				Mar. 1–June 30, 1926: Cases, 199; deaths, 22.
Mexico				Feb. 1–Apr. 30, 1926: Deaths, 110.
Durango	July 1–31		1	
Mexico City	May 16–June 5	20		Including municipalities in federal district.
Do	June 13–19	9		Do.
Do	July 25–31	3		Do.
Do	Aug. 15–Sept. 18	31		Do.
San Luis Potosi	June 13–26			Present, city and country.
Morocco				Mar. 1–June 30, 1926: Cases, 426.
Palestine				Mar. 1–June 30, 1926: Cases, 14; deaths, 1. Aug. 10–Sept. 6, 1926: Cases, 3.
Gaza	July 6–12	1		
Haifa	July 13–Aug. 30	5		
Halalal	Aug. 17–23	1		
Jaffa district	June 15–28	5		
Majdal district	July 13–Aug. 2	2		
Nazareth district	do	3		
Tiberias	Aug. 3–9	1		
Yavniel	Aug. 17–23	1		
Persia:				
Teheran	May 23–June 22		1	
Peru:				
Arequipa	Jan. 1–31		2	
Poland				Mar. 28–June 26, 1926: Cases, 1,272; deaths, 85. June 27–July 24, 1926: Cases, 147; deaths, 11.
Rumania				Mar. 1–May 31, 1926: Cases, 711; deaths, 60.
Russia				Jan. 1–Mar. 31, 1926: Cases, 14,814.
Tunisia				Apr. 1–June 30, 1926: Cases, 110.
Tunis	June 11–30	3		
Turkey:				
Constantinople	June 16–22	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to October 15, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Union of South Africa				Apr. 1–May 31, 1926: Cases, 153; deaths, 19.
Do				July 1–31, 1926: Cases, 90; deaths, 17.
Cape Province				Apr. 1–June 30, 1926: Cases, 202; deaths, 24, native. July 1–31, 1926: Cases, 58; deaths, 15.
Glengray district	June 27–July 3			Outbreaks.
Grahamstown	do	1		
Natal				Apr. 1–June 30, 1926: Cases, 28. July 1–31, 1926: Cases, 23; deaths, 2.
Durban	July 25–Aug. 7	9	1	
Orange Free State				Apr. 1–June 30, 1926: Cases, 24; deaths, 4. July 1–31, 1926: Cases, 7.
Transvaal				Apr. 1–June 30, 1926: Cases, 10; deaths, 5. July 1–31, 1926: Cases, 2. Aug. 15–21, 1926: Outbreaks.
Walkkerstroom district	June 20–26			Outbreaks.
Wolmaransstad district	do			Do.
Yugoslavia				Apr. 15–June 30, 1926: Cases, 48; deaths, 7. July 1–Aug. 31, 1926: Cases, 3; deaths, 1.
Zagreb	May 15–21		1	

YELLOW FEVER

Brazil	Reported June 26			Present in interior of Bahia, Pirapora, and Minas.
Bahia	May 9–June 26	10	7	
Do	July 4–10	1		
Gold Coast	Apr. 1–May 31	6	3	